
State: Pennsylvania **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2019/30225 2019

Filing at a Glance

Company: RiverSource Life Insurance Company
Product Name: Long Term Care
State: Pennsylvania
TOI: LTC04I Individual Long Term Care - Nursing Home
Sub-TOI: LTC04I.001 Qualified
Filing Type: Rate - M.U. (Medically underwritten)
Date Submitted: 01/25/2019
SERFF Tr Num: AERS-131727379
SERFF Status: Assigned
State Tr Num: AERS-131727379
State Status: Received Review in Progress
Co Tr Num: 30225 2019

Implementation: On Approval
Date Requested:
Author(s): Cheryl Meyer, Krista Wall, Kathleen Felton, Peg VanDrisse, Elaine Zurovski, Erik Stone, Lynn Blount, Anju Gupta-Lavey
Reviewer(s): Jim Laverty (primary)
Disposition Date:
Disposition Status:
Implementation Date:

State Filing Description:

Proposed 57.8% increase on 2,530 PA policyholders of RiverSource LTC forms 30225-PA, 30225-PA1, and 30225A-PA1.

State: Pennsylvania
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2019/30225 2019
Filing Company: RiverSource Life Insurance Company

General Information

Project Name: 30225 2019
Project Number: 30225 2019
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact: 57.8%
Status of Filing in Domicile: Not Filed
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Individual Market Type:
Filing Status Changed: 01/28/2019
State Status Changed: 01/28/2019
Created By: Lynn Blount
Corresponding Filing Tracking Number:
State TOI: LTC04I Individual Long Term Care - Nursing Home

Filing Description:

This is a long-term care rate increase. Please see the attached cover letter under Supporting Documentation tab.

Company and Contact

Filing Contact Information

Lynn Blount, Contract Analyst
H9550
9550 Ameriprise Financial Ctr.
Minneapolis, MN 55474
lynn.m.blount@ampf.com
612-671-6646 [Phone]
612-678-0034 [FAX]

Filing Company Information

RiverSource Life Insurance Company
9550 Ameriprise Financial Center,
H22/9550
Minneapolis, MN 55474
(612) 671-2465 ext. [Phone]
CoCode: 65005
Group Code: 4
Group Name:
FEIN Number: 41-0823832
State of Domicile: Minnesota
Company Type: Life Insurance
State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$125.00
Retaliatory? Yes
Fee Explanation: Submitting MN retaliatory rate filing fee of \$125.
Per Company: Yes

Company	Amount	Date Processed	Transaction #
RiverSource Life Insurance Company	\$125.00	01/25/2019	154564106

SERFF Tracking #:	AERS-131727379	State Tracking #:	AERS-131727379	Company Tracking #:	30225 2019
State:	Pennsylvania	Filing Company:	RiverSource Life Insurance Company		
TOI/Sub-TOI:	LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified				
Product Name:	Long Term Care				
Project Name/Number:	30225 2019/30225 2019				

Rate Information

Rate data applies to filing.

Filing Method:	Review and Approval
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	10.000%
Effective Date of Last Rate Revision:	12/01/2017
Filing Method of Last Filing:	Review and Approval
SERFF Tracking Number of Last Filing:	AERS-130983743

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
RiverSource Life Insurance Company	57.800%	57.800%	\$2,595,957	2,530	\$4,494,973	64.500%	44.500%

State:	Pennsylvania	Filing Company:	RiverSource Life Insurance Company
TOI/Sub-TOI:	LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	30225 2019/30225 2019		

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		PA PremiumRates_30225	30225-PA, 30225-PA1, 30225A-PA1	Revised	Previous State Filing Number: AERS-130983743 Percent Rate Change Request: 57.8	PA PremiumRates_30225.20190124.pdf,

Exhibit 7
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Premium Rates with First 18.1% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Daily Benefit

LIFETIME BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		Simple Benefit Increase Option		Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	74.20	54.86	138.72	103.20	174.22	129.08
41	74.20	54.86	138.72	103.20	174.22	129.08
42	74.20	54.86	138.72	103.20	174.22	129.08
43	74.20	54.86	138.72	103.20	174.22	129.08
44	74.20	54.86	138.72	103.20	174.22	129.08
45	74.20	54.86	138.72	103.20	174.22	129.08
46	80.68	61.32	145.16	109.66	183.92	138.72
47	80.68	61.32	148.38	109.66	187.08	138.72
48	83.86	61.32	151.60	112.92	190.34	141.98
49	83.86	64.54	151.60	116.18	193.56	145.16
50	87.16	64.54	154.86	116.18	196.84	148.38
51	90.36	67.74	161.28	122.62	203.26	154.86
52	96.80	71.00	167.80	125.80	212.90	161.28
53	100.00	74.20	174.22	132.26	222.58	167.80
54	106.48	80.68	183.92	138.72	235.52	177.42
55	119.34	90.36	203.26	154.86	261.34	196.84
56	129.08	100.00	222.58	170.98	283.88	222.58
57	141.98	109.66	241.94	187.08	309.74	238.72
58	158.06	122.62	267.76	203.26	338.72	261.34
59	177.42	132.26	293.54	222.58	374.28	283.88
60	196.84	154.86	322.60	254.84	409.70	322.60
61	219.40	177.42	364.56	296.82	458.12	371.00
62	241.94	190.34	396.80	316.16	503.28	396.80
63	277.46	225.82	454.90	367.74	574.22	464.56
64	312.94	245.20	509.72	400.04	641.96	506.50
65	348.42	283.88	558.08	454.90	703.24	574.22
66	380.70	303.28	600.06	480.66	758.12	606.48
67	422.64	335.48	661.28	525.86	829.12	658.12
68	464.56	380.70	719.38	587.14	900.04	732.30
69	522.60	412.92	800.06	635.50	996.88	790.38
70	577.48	458.12	877.46	696.80	999.98	864.56
71	632.36	500.02	948.42	751.68	999.98	925.86
72	693.58	551.64	999.98	825.86	999.98	999.98
73	770.98	619.36	999.98	909.72	999.98	999.98
74	848.42	683.94	999.98	996.88	999.98	999.98
75	942.00	748.44	999.98	999.98	999.98	999.98
76	999.98	832.30	999.98	999.98	999.98	999.98
77	999.98	938.78	999.98	999.98	999.98	999.98
78	999.98	999.98	999.98	999.98	999.98	999.98
79	999.98	999.98	999.98	999.98	999.98	999.98

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Minneapolis, MN 55474

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Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Daily Benefit

4 YEAR BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		Simple Benefit Increase Option		Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	55.64	40.18	98.84	71.06	123.62	89.60
41	55.64	40.18	98.84	71.06	123.62	89.60
42	55.64	40.18	98.84	71.06	123.62	89.60
43	55.64	40.18	98.84	71.06	123.62	89.60
44	55.64	40.18	98.84	71.06	123.62	89.60
45	55.64	40.18	98.84	71.06	123.62	89.60
46	58.72	43.28	101.98	74.14	129.78	92.70
47	61.82	43.28	105.02	74.14	132.86	95.78
48	61.82	43.28	105.02	77.26	132.86	95.78
49	61.82	46.30	108.14	80.32	135.98	98.84
50	64.88	46.30	111.26	80.32	139.02	98.84
51	68.00	49.42	114.30	86.54	151.38	108.14
52	71.06	49.42	117.44	86.54	154.46	111.26
53	74.14	52.54	123.62	89.60	157.62	114.30
54	80.32	55.64	129.78	92.70	166.84	120.48
55	86.54	61.82	142.10	101.98	185.36	132.86
56	95.78	71.06	157.62	114.30	200.86	148.30
57	105.02	77.26	169.92	126.66	216.28	160.70
58	117.44	86.54	188.50	135.98	237.94	173.02
59	129.78	92.70	207.00	148.30	262.62	188.50
60	145.18	108.14	228.62	173.02	287.32	216.28
61	160.70	126.66	256.44	197.76	321.30	250.28
62	179.16	135.98	278.06	213.18	352.18	265.72
63	203.90	157.62	318.24	247.16	401.64	312.04
64	228.62	173.02	355.30	268.80	451.08	339.84
65	256.44	200.86	392.36	305.88	494.30	386.18
66	278.06	213.18	420.18	324.40	531.42	407.86
67	312.04	237.94	463.42	352.18	583.92	441.80
68	342.96	265.72	506.68	392.36	633.32	491.22
69	383.12	290.46	559.22	426.32	698.22	531.42
70	423.30	321.30	614.82	466.48	763.10	580.84
71	463.42	352.18	664.24	503.62	818.76	621.02
72	512.90	389.30	726.06	553.06	880.52	670.46
73	568.46	435.66	794.06	611.76	951.62	732.24
74	624.08	482.00	868.18	670.46	999.98	790.94
75	695.18	528.30	960.86	729.16	999.98	843.44
76	775.46	587.00	999.98	797.10	999.98	914.52
77	865.10	661.14	999.98	892.90	999.98	999.98
78	957.78	729.16	999.98	970.08	999.98	999.98
79	999.98	803.30	999.98	999.98	999.98	999.98
80		874.34		999.98		999.98
81		948.46		999.98		999.98
82		999.98		999.98		999.98
83		999.98		999.98		999.98
84		999.98		999.98		999.98

Exhibit 7
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Premium Rates with First 13.1% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Daily Benefit

3 YEAR BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		Simple Benefit Increase Option		Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	49.42	37.10	86.54	64.88	108.14	80.32
41	49.42	37.10	86.54	64.88	108.14	80.32
42	49.42	37.10	86.54	64.88	108.14	80.32
43	49.42	37.10	86.54	64.88	108.14	80.32
44	49.42	37.10	86.54	64.88	108.14	80.32
45	49.42	37.10	86.54	64.88	108.14	80.32
46	52.54	40.18	89.60	68.00	114.30	86.54
47	52.54	40.18	92.70	71.06	117.44	89.60
48	55.64	40.18	95.78	71.06	120.48	89.60
49	55.64	43.28	95.78	74.14	120.48	92.70
50	58.72	43.28	98.84	74.14	123.62	92.70
51	61.82	46.30	101.98	77.26	129.78	101.98
52	61.82	46.30	105.02	80.32	132.86	105.02
53	68.00	49.42	111.26	83.48	142.10	111.26
54	71.06	52.54	117.44	89.60	148.30	114.30
55	77.26	58.72	126.66	95.78	163.74	123.62
56	86.54	64.88	139.02	108.14	179.16	135.98
57	95.78	74.14	151.38	117.44	194.66	151.38
58	105.02	80.32	169.92	129.78	216.28	163.74
59	117.44	89.60	185.36	142.10	237.94	179.16
60	129.78	101.98	203.90	160.70	259.56	203.90
61	145.18	117.44	228.62	185.36	287.32	231.72
62	160.70	126.66	250.28	197.76	318.24	250.28
63	185.36	148.30	290.46	234.84	364.60	293.46
64	207.00	163.74	321.30	253.36	404.76	318.24
65	228.62	188.50	352.18	287.32	441.80	361.46
66	250.28	200.86	376.94	302.78	472.76	380.02
67	281.12	222.44	417.08	330.62	525.24	417.08
68	312.04	253.36	457.28	370.78	571.60	466.48
69	346.02	275.00	503.62	401.64	627.18	500.50
70	380.02	302.78	553.06	438.74	685.90	543.78
71	414.00	327.48	593.18	469.62	729.16	577.78
72	460.34	367.66	655.02	522.14	794.06	630.28
73	512.90	414.00	719.88	577.78	865.10	695.18
74	562.32	451.08	781.64	630.28	920.70	741.46
75	624.08	494.30	861.98	682.80	997.92	794.06
76	692.08	546.86	939.24	744.62	999.98	852.78
77	778.58	624.08	999.98	840.36	999.98	948.46
78	868.18	692.08	999.98	920.70	999.98	999.98
79	936.12	753.90	999.98	994.86	999.98	999.98
80		809.48		999.98		999.98
81		874.34		999.98		999.98
82		939.24		999.98		999.98
83		999.98		999.98		999.98
84		999.98		999.98		999.98

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Minneapolis, MN 55474

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Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Daily Benefit

2 YEAR BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		Simple Benefit Increase Option		Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	43.28	30.88	74.14	55.64	92.70	68.00
41	43.28	30.88	74.14	55.64	92.70	68.00
42	43.28	30.88	74.14	55.64	92.70	68.00
43	43.28	30.88	74.14	55.64	92.70	68.00
44	43.28	30.88	74.14	55.64	92.70	68.00
45	43.28	30.88	74.14	55.64	92.70	68.00
46	43.28	33.98	77.26	58.72	95.78	71.06
47	46.30	33.98	80.32	58.72	98.84	74.14
48	46.30	33.98	80.32	58.72	98.84	74.14
49	46.30	33.98	80.32	58.72	101.98	77.26
50	49.42	37.10	83.48	61.82	105.02	83.48
51	49.42	37.10	86.54	64.88	108.14	86.54
52	52.54	40.18	89.60	68.00	114.30	89.60
53	55.64	43.28	92.70	71.06	117.44	92.70
54	58.72	43.28	98.84	74.14	126.66	92.70
55	64.88	49.42	108.14	80.32	139.02	105.02
56	74.14	52.54	120.48	86.54	154.46	111.26
57	80.32	61.82	129.78	98.84	166.84	126.66
58	89.60	68.00	142.10	108.14	182.28	139.02
59	98.84	74.14	157.62	120.48	197.76	151.38
60	114.30	83.48	179.16	132.86	225.56	166.84
61	123.62	92.70	194.66	145.18	244.06	182.28
62	139.02	105.02	219.32	166.84	278.06	210.12
63	157.62	114.30	244.06	179.16	308.96	225.56
64	182.28	129.78	281.12	203.90	355.30	256.44
65	200.86	145.18	305.88	222.44	386.18	281.12
66	225.56	160.70	339.84	244.06	426.32	305.88
67	247.16	176.14	367.66	259.56	463.42	327.48
68	271.88	197.76	401.64	290.46	500.50	361.46
69	296.64	213.18	432.60	308.96	540.62	386.18
70	321.30	234.84	463.42	339.84	574.68	420.18
71	352.18	256.44	503.62	364.60	621.02	448.00
72	383.12	278.06	543.78	395.46	661.14	478.88
73	417.08	305.88	580.84	429.46	698.22	515.94
74	457.28	336.76	633.32	466.48	747.68	549.94
75	503.62	364.60	695.18	503.62	803.30	583.92
76	556.12	404.76	756.94	549.94	871.24	630.28
77	617.96	451.08	834.20	608.62	936.12	685.90
78	679.76	497.44	905.24	664.24	999.98	738.38
79	744.62	543.78	985.52	716.80	999.98	797.10
80		593.18		772.42		855.80
81		648.80		834.20		923.80
82		707.50		899.08		994.86
83		772.42		970.08		999.98
84		843.44		999.98		999.98

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	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	87.60	64.76	163.76	121.82	205.66	152.38
41	87.60	64.76	163.76	121.82	205.66	152.38
42	87.60	64.76	163.76	121.82	205.66	152.38
43	87.60	64.76	163.76	121.82	205.66	152.38
44	87.60	64.76	163.76	121.82	205.66	152.38
45	87.60	64.76	163.76	121.82	205.66	152.38
46	95.24	72.38	171.36	129.46	217.12	163.76
47	95.24	72.38	175.16	129.46	220.84	163.76
48	99.00	72.38	178.96	133.30	224.70	167.60
49	99.00	76.18	178.96	137.14	228.50	171.36
50	102.88	76.18	182.80	137.14	232.36	175.16
51	106.66	79.96	190.38	144.74	239.94	182.80
52	114.26	83.82	198.08	148.50	251.32	190.38
53	118.04	87.60	205.66	156.12	262.74	198.08
54	125.70	95.24	217.12	163.76	278.02	209.44
55	140.88	106.66	239.94	182.80	308.50	232.36
56	152.38	118.04	262.74	201.84	335.12	262.74
57	167.60	129.46	285.60	220.84	365.64	281.80
58	186.58	144.74	316.08	239.94	399.84	308.50
59	209.44	156.12	346.52	262.74	441.82	335.12
60	232.36	182.80	380.82	300.84	483.64	380.82
61	259.00	209.44	430.36	350.38	540.80	437.96
62	285.60	224.70	468.42	373.22	594.10	468.42
63	327.54	266.58	537.00	434.10	677.86	548.40
64	369.42	289.46	601.70	472.24	757.82	597.90
65	411.30	335.12	658.80	537.00	830.16	677.86
66	449.40	358.02	708.36	567.40	894.94	715.94
67	498.92	396.02	780.62	620.76	978.76	776.90
68	548.40	449.40	849.20	693.10	999.98	864.46
69	616.92	487.44	944.44	750.18	999.98	933.02
70	681.70	540.80	999.98	822.56	999.98	999.98
71	746.48	590.26	999.98	887.34	999.98	999.98
72	818.76	651.20	999.98	974.90	999.98	999.98
73	910.12	731.14	999.98	999.98	999.98	999.98
74	999.98	807.38	999.98	999.98	999.98	999.98
75	999.98	883.52	999.98	999.98	999.98	999.98
76	999.98	982.50	999.98	999.98	999.98	999.98
77	999.98	999.98	999.98	999.98	999.98	999.98
78	999.98	999.98	999.98	999.98	999.98	999.98
79	999.98	999.98	999.98	999.98	999.98	999.98

Exhibit 7
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Premium Rates with Second 13.1% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Daily Benefit

4 YEAR BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		Simple Benefit Increase Option		Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	62.90	45.42	111.74	80.34	139.76	101.30
41	62.90	45.42	111.74	80.34	139.76	101.30
42	62.90	45.42	111.74	80.34	139.76	101.30
43	62.90	45.42	111.74	80.34	139.76	101.30
44	62.90	45.42	111.74	80.34	139.76	101.30
45	62.90	45.42	111.74	80.34	139.76	101.30
46	66.38	48.94	115.30	83.82	146.72	104.80
47	69.90	48.94	118.74	83.82	150.20	108.28
48	69.90	48.94	118.74	87.34	150.20	108.28
49	69.90	52.34	122.26	90.80	153.74	111.74
50	73.36	52.34	125.78	90.80	157.16	111.74
51	76.88	55.88	129.22	97.84	171.14	122.26
52	80.34	55.88	132.78	97.84	174.62	125.78
53	83.82	59.40	139.76	101.30	178.20	129.22
54	90.80	62.90	146.72	104.80	188.62	136.20
55	97.84	69.90	160.66	115.30	209.56	150.20
56	108.28	80.34	178.20	129.22	227.08	167.66
57	118.74	87.34	192.10	143.20	244.52	181.68
58	132.78	97.84	213.10	153.74	269.00	195.60
59	146.72	104.80	234.02	167.66	296.90	213.10
60	164.14	122.26	258.46	195.60	324.82	244.52
61	181.68	143.20	289.92	223.58	363.24	282.96
62	202.54	153.74	314.36	241.02	398.16	300.40
63	230.52	178.20	359.78	279.42	454.08	352.78
64	258.46	195.60	401.68	303.90	509.96	384.20
65	289.92	227.08	443.58	345.82	558.84	436.60
66	314.36	241.02	475.04	366.76	600.80	461.10
67	352.78	269.00	523.92	398.16	660.16	499.48
68	387.74	300.40	572.82	443.58	716.00	555.34
69	433.14	328.38	632.22	481.98	789.38	600.80
70	478.56	363.24	695.08	527.38	862.72	656.66
71	523.92	398.16	750.96	569.36	925.64	702.10
72	579.86	440.12	820.84	625.26	995.48	757.98
73	642.68	492.54	897.72	691.62	999.98	827.84
74	705.56	544.92	981.52	757.98	999.98	894.20
75	785.94	597.26	999.98	824.36	999.98	953.56
76	876.70	663.64	999.98	901.16	999.98	999.98
77	978.04	747.46	999.98	999.98	999.98	999.98
78	999.98	824.36	999.98	999.98	999.98	999.98
79	999.98	908.16	999.98	999.98	999.98	999.98
80		988.48		999.98		999.98
81		999.98		999.98		999.98
82		999.98		999.98		999.98
83		999.98		999.98		999.98
84		999.98		999.98		999.98

Exhibit 7
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Premium Rates with Second 13.1% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Daily Benefit

3 YEAR BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		Simple Benefit Increase Option		Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	55.88	41.94	97.84	73.36	122.26	90.80
41	55.88	41.94	97.84	73.36	122.26	90.80
42	55.88	41.94	97.84	73.36	122.26	90.80
43	55.88	41.94	97.84	73.36	122.26	90.80
44	55.88	41.94	97.84	73.36	122.26	90.80
45	55.88	41.94	97.84	73.36	122.26	90.80
46	59.40	45.42	101.30	76.88	129.22	97.84
47	59.40	45.42	104.80	80.34	132.78	101.30
48	62.90	45.42	108.28	80.34	136.20	101.30
49	62.90	48.94	108.28	83.82	136.20	104.80
50	66.38	48.94	111.74	83.82	139.76	104.80
51	69.90	52.34	115.30	87.34	146.72	115.30
52	69.90	52.34	118.74	90.80	150.20	118.74
53	76.88	55.88	125.78	94.38	160.66	125.78
54	80.34	59.40	132.78	101.30	167.66	129.22
55	87.34	66.38	143.20	108.28	185.12	139.76
56	97.84	73.36	157.16	122.26	202.54	153.74
57	108.28	83.82	171.14	132.78	220.08	171.14
58	118.74	90.80	192.10	146.72	244.52	185.12
59	132.78	101.30	209.56	160.66	269.00	202.54
60	146.72	115.30	230.52	181.68	293.44	230.52
61	164.14	132.78	258.46	209.56	324.82	261.98
62	181.68	143.20	282.96	223.58	359.78	282.96
63	209.56	167.66	328.38	265.50	412.20	331.78
64	234.02	185.12	363.24	286.44	457.60	359.78
65	258.46	213.10	398.16	324.82	499.48	408.64
66	282.96	227.08	426.14	342.30	534.48	429.64
67	317.82	251.48	471.52	373.78	593.80	471.52
68	352.78	286.44	516.98	419.18	646.22	527.38
69	391.20	310.90	569.36	454.08	709.06	565.84
70	429.64	342.30	625.26	496.02	775.44	614.76
71	468.04	370.24	670.62	530.92	824.36	653.20
72	520.44	415.66	740.54	590.30	897.72	712.56
73	579.86	468.04	813.86	653.20	978.04	785.94
74	635.74	509.96	883.68	712.56	999.98	838.26
75	705.56	558.84	974.52	771.94	999.98	897.72
76	782.44	618.26	999.98	841.82	999.98	964.10
77	880.22	705.56	999.98	950.06	999.98	999.98
78	981.52	782.44	999.98	999.98	999.98	999.98
79	999.98	852.32	999.98	999.98	999.98	999.98
80		915.16		999.98		999.98
81		988.48		999.98		999.98
82		999.98		999.98		999.98
83		999.98		999.98		999.98
84		999.98		999.98		999.98

Exhibit 7
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Premium Rates with Second 13.1% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Daily Benefit

2 YEAR BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		Simple Benefit Increase Option		Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	48.94	34.92	83.82	62.90	104.80	76.88
41	48.94	34.92	83.82	62.90	104.80	76.88
42	48.94	34.92	83.82	62.90	104.80	76.88
43	48.94	34.92	83.82	62.90	104.80	76.88
44	48.94	34.92	83.82	62.90	104.80	76.88
45	48.94	34.92	83.82	62.90	104.80	76.88
46	48.94	38.42	87.34	66.38	108.28	80.34
47	52.34	38.42	90.80	66.38	111.74	83.82
48	52.34	38.42	90.80	66.38	111.74	83.82
49	52.34	38.42	90.80	66.38	115.30	87.34
50	55.88	41.94	94.38	69.90	118.74	94.38
51	55.88	41.94	97.84	73.36	122.26	97.84
52	59.40	45.42	101.30	76.88	129.22	101.30
53	62.90	48.94	104.80	80.34	132.78	104.80
54	66.38	48.94	111.74	83.82	143.20	104.80
55	73.36	55.88	122.26	90.80	157.16	118.74
56	83.82	59.40	136.20	97.84	174.62	125.78
57	90.80	69.90	146.72	111.74	188.62	143.20
58	101.30	76.88	160.66	122.26	206.08	157.16
59	111.74	83.82	178.20	136.20	223.58	171.14
60	129.22	94.38	202.54	150.20	255.00	188.62
61	139.76	104.80	220.08	164.14	275.92	206.08
62	157.16	118.74	247.96	188.62	314.36	237.56
63	178.20	129.22	275.92	202.54	349.30	255.00
64	206.08	146.72	317.82	230.52	401.68	289.92
65	227.08	164.14	345.82	251.48	436.60	317.82
66	255.00	181.68	384.20	275.92	481.98	345.82
67	279.42	199.14	415.66	293.44	523.92	370.24
68	307.38	223.58	454.08	328.38	565.84	408.64
69	335.36	241.02	489.08	349.30	611.20	436.60
70	363.24	265.50	523.92	384.20	649.70	475.04
71	398.16	289.92	569.36	412.20	702.10	506.48
72	433.14	314.36	614.76	447.08	747.46	541.40
73	471.52	345.82	656.66	485.52	789.38	583.30
74	516.98	380.72	716.00	527.38	845.28	621.74
75	569.36	412.20	785.94	569.36	908.16	660.16
76	628.72	457.60	855.76	621.74	984.98	712.56
77	698.64	509.96	943.10	688.08	999.98	775.44
78	768.50	562.38	999.98	750.96	999.98	834.78
79	841.82	614.76	999.98	810.38	999.98	901.16
80		670.62		873.26		967.52
81		733.50		943.10		999.98
82		799.86		999.98		999.98
83		873.26		999.98		999.98
84		953.56		999.98		999.98

Exhibit 7
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Premium Rates with Third 18.1% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Daily Benefit

LIFETIME BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		Simple Benefit Increase Option		Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	103.40	76.46	193.40	143.96	242.84	179.88
41	103.40	76.46	193.40	143.96	242.84	179.88
42	103.40	76.46	193.40	143.96	242.84	179.88
43	103.40	76.46	193.40	143.96	242.84	179.88
44	103.40	76.46	193.40	143.96	242.84	179.88
45	103.40	76.46	193.40	143.96	242.84	179.88
46	112.44	85.42	202.36	152.88	256.34	193.40
47	112.44	85.42	206.88	152.88	260.78	193.40
48	116.88	85.42	211.30	157.42	265.34	197.86
49	116.88	89.96	211.30	161.88	269.86	202.36
50	121.42	89.96	215.86	161.88	274.28	206.88
51	125.90	94.44	224.78	170.90	283.30	215.86
52	134.90	98.96	233.86	175.30	296.76	224.78
53	139.36	103.40	242.84	184.34	310.22	233.86
54	148.36	112.44	256.34	193.40	328.30	247.28
55	166.34	125.90	283.30	215.86	364.22	274.28
56	179.88	139.36	310.22	238.32	395.68	310.22
57	197.86	152.88	337.22	260.78	431.68	332.78
58	220.36	170.90	373.20	283.30	472.20	364.22
59	247.28	184.34	409.22	310.22	521.60	395.68
60	274.28	215.86	449.68	355.24	571.08	449.68
61	305.80	247.28	508.12	413.72	638.52	517.12
62	337.22	265.34	553.08	440.64	701.52	553.08
63	386.68	314.78	634.00	512.54	800.40	647.52
64	436.22	341.76	710.50	557.66	894.82	705.94
65	485.68	395.68	777.86	634.00	980.20	800.40
66	530.62	422.76	836.38	669.98	999.98	845.38
67	589.06	467.68	921.80	732.98	999.98	917.32
68	647.52	530.62	999.98	818.40	999.98	999.98
69	728.44	575.56	999.98	885.86	999.98	999.98
70	804.86	638.52	999.98	971.26	999.98	999.98
71	881.38	697.00	999.98	999.98	999.98	999.98
72	966.72	768.92	999.98	999.98	999.98	999.98
73	999.98	863.38	999.98	999.98	999.98	999.98
74	999.98	953.38	999.98	999.98	999.98	999.98
75	999.98	999.98	999.98	999.98	999.98	999.98
76	999.98	999.98	999.98	999.98	999.98	999.98
77	999.98	999.98	999.98	999.98	999.98	999.98
78	999.98	999.98	999.98	999.98	999.98	999.98
79	999.98	999.98	999.98	999.98	999.98	999.98

Exhibit 7
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Premium Rates with Third 13.1% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Daily Benefit

4 YEAR BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		Simple Benefit Increase Option		Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	71.12	51.34	126.44	90.84	158.02	114.58
41	71.12	51.34	126.44	90.84	158.02	114.58
42	71.12	51.34	126.44	90.84	158.02	114.58
43	71.12	51.34	126.44	90.84	158.02	114.58
44	71.12	51.34	126.44	90.84	158.02	114.58
45	71.12	51.34	126.44	90.84	158.02	114.58
46	75.04	55.34	130.36	94.76	165.90	118.50
47	79.02	55.34	134.30	94.76	169.90	122.44
48	79.02	55.34	134.30	98.78	169.90	122.44
49	79.02	59.28	138.30	102.66	173.82	126.44
50	82.96	59.28	142.20	102.66	177.78	126.44
51	86.94	63.16	146.12	110.60	193.58	138.30
52	90.84	63.16	150.12	110.60	197.46	142.20
53	94.76	67.16	158.02	114.58	201.46	146.12
54	102.66	71.12	165.90	118.50	213.34	154.00
55	110.60	79.02	181.74	130.36	237.06	169.90
56	122.44	90.84	201.46	146.12	256.78	189.62
57	134.30	98.78	217.22	161.94	276.52	205.44
58	150.12	110.60	240.94	173.82	304.20	221.18
59	165.90	118.50	264.70	189.62	335.76	240.94
60	185.62	138.30	292.34	221.18	367.36	276.52
61	205.44	161.94	327.84	252.80	410.84	319.96
62	229.08	173.82	355.52	272.54	450.28	339.72
63	260.68	201.46	406.84	316.02	513.54	398.94
64	292.34	221.18	454.30	343.68	576.70	434.52
65	327.84	256.78	501.68	391.08	632.00	493.78
66	355.52	272.54	537.22	414.82	679.46	521.46
67	398.94	304.20	592.58	450.28	746.56	564.86
68	438.40	339.72	647.86	501.68	809.78	628.04
69	489.88	371.38	714.98	545.10	892.70	679.46
70	541.20	410.84	786.06	596.44	975.66	742.64
71	592.58	450.28	849.26	643.90	999.98	793.94
72	655.76	497.72	928.30	707.06	999.98	857.22
73	726.80	556.96	999.98	782.14	999.98	936.22
74	797.94	616.26	999.98	857.22	999.98	999.98
75	888.82	675.46	999.98	932.24	999.98	999.98
76	991.52	750.52	999.98	999.98	999.98	999.98
77	999.98	845.36	999.98	999.98	999.98	999.98
78	999.98	932.24	999.98	999.98	999.98	999.98
79	999.98	999.98	999.98	999.98	999.98	999.98
80		999.98		999.98		999.98
81		999.98		999.98		999.98
82		999.98		999.98		999.98
83		999.98		999.98		999.98
84		999.98		999.98		999.98

Exhibit 7
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Premium Rates with Third 13.1% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Daily Benefit

3 YEAR BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		Simple Benefit Increase Option		Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	63.16	47.46	110.60	82.96	138.30	102.66
41	63.16	47.46	110.60	82.96	138.30	102.66
42	63.16	47.46	110.60	82.96	138.30	102.66
43	63.16	47.46	110.60	82.96	138.30	102.66
44	63.16	47.46	110.60	82.96	138.30	102.66
45	63.16	47.46	110.60	82.96	138.30	102.66
46	67.16	51.34	114.58	86.94	146.12	110.60
47	67.16	51.34	118.50	90.84	150.12	114.58
48	71.12	51.34	122.44	90.84	154.00	114.58
49	71.12	55.34	122.44	94.76	154.00	118.50
50	75.04	55.34	126.44	94.76	158.02	118.50
51	79.02	59.28	130.36	98.78	165.90	130.36
52	79.02	59.28	134.30	102.66	169.90	134.30
53	86.94	63.16	142.20	106.66	181.74	142.20
54	90.84	67.16	150.12	114.58	189.62	146.12
55	98.78	75.04	161.94	122.44	209.36	158.02
56	110.60	82.96	177.78	138.30	229.08	173.82
57	122.44	94.76	193.58	150.12	248.88	193.58
58	134.30	102.66	217.22	165.90	276.52	209.36
59	150.12	114.58	237.06	181.74	304.20	229.08
60	165.90	130.36	260.68	205.44	331.86	260.68
61	185.62	150.12	292.34	237.06	367.36	296.22
62	205.44	161.94	319.96	252.80	406.84	319.96
63	237.06	189.62	371.38	300.24	466.12	375.26
64	264.70	209.36	410.84	323.92	517.46	406.84
65	292.34	240.94	450.28	367.36	564.86	462.18
66	319.96	256.78	481.96	387.08	604.42	485.86
67	359.48	284.40	533.28	422.70	671.48	533.28
68	398.94	323.92	584.64	474.02	730.80	596.44
69	442.42	351.58	643.90	513.54	801.88	639.92
70	485.86	387.08	707.06	560.92	876.96	695.22
71	529.30	418.68	758.44	600.44	932.24	738.70
72	588.54	470.02	837.52	667.62	999.98	805.86
73	655.76	529.30	920.38	738.70	999.98	888.82
74	718.94	576.70	999.38	805.86	999.98	948.08
75	797.94	632.00	999.98	872.98	999.98	999.98
76	884.82	699.22	999.98	951.98	999.98	999.98
77	995.44	797.94	999.98	999.98	999.98	999.98
78	999.98	884.82	999.98	999.98	999.98	999.98
79	999.98	963.82	999.98	999.98	999.98	999.98
80		999.98		999.98		999.98
81		999.98		999.98		999.98
82		999.98		999.98		999.98
83		999.98		999.98		999.98
84		999.98		999.98		999.98

Exhibit 7
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Premium Rates with Third 13.1% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Daily Benefit

2 YEAR BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		Simple Benefit Increase Option		Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	55.34	39.50	94.76	71.12	118.50	86.94
41	55.34	39.50	94.76	71.12	118.50	86.94
42	55.34	39.50	94.76	71.12	118.50	86.94
43	55.34	39.50	94.76	71.12	118.50	86.94
44	55.34	39.50	94.76	71.12	118.50	86.94
45	55.34	39.50	94.76	71.12	118.50	86.94
46	55.34	43.44	98.78	75.04	122.44	90.84
47	59.28	43.44	102.66	75.04	126.44	94.76
48	59.28	43.44	102.66	75.04	126.44	94.76
49	59.28	43.44	102.66	75.04	130.36	98.78
50	63.16	47.46	106.66	79.02	134.30	106.66
51	63.16	47.46	110.60	82.96	138.30	110.60
52	67.16	51.34	114.58	86.94	146.12	114.58
53	71.12	55.34	118.50	90.84	150.12	118.50
54	75.04	55.34	126.44	94.76	161.94	118.50
55	82.96	63.16	138.30	102.66	177.78	134.30
56	94.76	67.16	154.00	110.60	197.46	142.20
57	102.66	79.02	165.90	126.44	213.34	161.94
58	114.58	86.94	181.74	138.30	233.08	177.78
59	126.44	94.76	201.46	154.00	252.80	193.58
60	146.12	106.66	229.08	169.90	288.40	213.34
61	158.02	118.50	248.88	185.62	312.06	233.08
62	177.78	134.30	280.46	213.34	355.52	268.62
63	201.46	146.12	312.06	229.08	395.02	288.40
64	233.08	165.90	359.48	260.68	454.30	327.84
65	256.78	185.62	391.08	284.40	493.78	359.48
66	288.40	205.44	434.52	312.06	545.10	391.08
67	316.02	225.20	470.02	331.86	592.58	418.68
68	347.60	252.80	513.54	371.38	639.92	462.18
69	379.22	272.54	553.02	395.02	691.28	493.78
70	410.84	300.24	592.58	434.52	734.74	537.22
71	450.28	327.84	643.90	466.12	793.94	572.80
72	489.88	355.52	695.22	505.64	845.36	612.32
73	533.28	391.08	742.64	549.12	892.70	659.62
74	584.64	430.58	809.78	596.44	955.88	703.14
75	643.90	466.12	888.82	643.90	999.98	746.56
76	711.04	517.46	967.82	703.14	999.98	805.86
77	790.04	576.70	999.98	778.20	999.98	876.96
78	869.08	635.98	999.98	849.26	999.98	944.04
79	951.98	695.22	999.98	916.46	999.98	999.98
80		758.44		987.52		999.98
81		829.52		999.98		999.98
82		904.52		999.98		999.98
83		987.52		999.98		999.98
84		999.98		999.98		999.98

State:	Pennsylvania	Filing Company:	RiverSource Life Insurance Company
TOI/Sub-TOI:	LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	30225 2019/30225 2019		

Supporting Document Schedules

Satisfied - Item:	Transmittal Letter (A&H)
Comments:	
Attachment(s):	PA CoverLetter_30225.20190124.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Actuarial Certification (A&H)
Bypass Reason:	Not Applicable.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum and Explanatory Information (A&H)
Comments:	
Attachment(s):	PA ActuarialMemorandum_30225.20190124.pdf PA Supplement_30225.20190124.pdf PA ActuarialMemorandum_Exhibit6_30225.20190124.xlsx PA Supplement_Attachments3thru9_30225.20190124.xlsx
Item Status:	
Status Date:	

Bypassed - Item:	Advertisements (A&H)
Bypass Reason:	Not Applicable.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Authorization to File (A&H)
Bypass Reason:	Not Applicable.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Insert Page Explanation (A&H)
Bypass Reason:	Not Applicable.
Attachment(s):	

State:	Pennsylvania	Filing Company:	RiverSource Life Insurance Company
TOI/Sub-TOI:	LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	30225 2019/30225 2019		

Item Status:	
Status Date:	
Bypassed - Item:	Rate Table (A&H)
Bypass Reason:	Not Applicable.
Attachment(s):	
Item Status:	
Status Date:	
Bypassed - Item:	Replacement Form with Highlighted Changes (A&H)
Bypass Reason:	Not Applicable.
Attachment(s):	
Item Status:	
Status Date:	
Bypassed - Item:	Reserve Calculation (A&H)
Bypass Reason:	Not Applicable.
Attachment(s):	
Item Status:	
Status Date:	
Bypassed - Item:	Variability Explanation (A&H)
Bypass Reason:	Not Applicable.
Attachment(s):	
Item Status:	
Status Date:	
Satisfied - Item:	Third Party Document
Comments:	
Attachment(s):	Milliman_Involvement_PA_30225_20190121.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Policy and Rider forms
Comments:	

SERFF Tracking #:	AERS-131727379	State Tracking #:	AERS-131727379	Company Tracking #:	30225 2019
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State:	Pennsylvania	Filing Company:	RiverSource Life Insurance Company
TOI/Sub-TOI:	LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	30225 2019/30225 2019		

Attachment(s):	30225-PA.pdf 30225-PA1.pdf 30225A-PA1.pdf 30270.pdf 30271.pdf
Item Status:	
Status Date:	

SERFF Tracking #:	AERS-131727379	State Tracking #:	AERS-131727379	Company Tracking #:	30225 2019
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State:	Pennsylvania		Filing Company:	RiverSource Life Insurance Company	
TOI/Sub-TOI:	LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified				
Product Name:	Long Term Care				
Project Name/Number:	30225 2019/30225 2019				

Attachment PA ActuarialMemorandum_Exhibit6_30225.20190124.xlsx is not a PDF document and cannot be reproduced here.

Attachment PA Supplement_Attachments3thru9_30225.20190124.xlsx is not a PDF document and cannot be reproduced here.

January 24, 2019

Honorable Jessica Altman
Insurance Commissioner
Pennsylvania Insurance Department

Via SERFF

RE: RiverSource Life Insurance Company ("RiverSource Life")
Company NAIC # 65005
Company FEIN # 41-0823832
SERFF Tracking # AERS-131727379
Policy Forms: Nursing Home Indemnity Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1

Dear Commissioner Altman:

The referenced premium rate increase filing is being submitted by RiverSource Life Insurance Company for your review.

30225-PA, 30225-PA1, and 30225A-PA1 are existing individual policy forms providing benefits for confinement in a nursing home and were previously approved in 1993, 1995 and 1997, respectively. These policy forms were issued in Pennsylvania from January 1993 through September 1998 and are no longer being issued in any state and, outside of Pennsylvania, were last issued in 2002.

RiverSource Life is requesting the approval of premium rate increases on policy forms 30225-PA, 30225-PA1 and 30225A-PA1. At this time, we are requesting the following premium rate increases on the premium associated with the nursing home policy only for policies issued in Pennsylvania:

- a 64.5% premium rate increase for policies with a lifetime benefit period, spread over three years with an implementation schedule of three consecutive annual premium rate increases of 18.1% each; and
- a 44.5% premium rate increase for policies with non-lifetime benefit periods, spread over three years with an implementation schedule of three consecutive annual premium rate increases of 13.1% each.

As demonstrated in the Actuarial Memorandum, much larger premium rate increases are currently actuarially justifiable. However, the company believes it is appropriate to limit the current premium rate increase requests to 64.5% for policies with a lifetime benefit period and 44.5% for policies with non-lifetime benefit periods in order to minimize the impact on policyholders to the extent we can, with the understanding that the company anticipates seeking additional premium rate increases in the future, even if experience does not deteriorate from current best estimates.

If it is the Department's position to only allow future additional premium rate increases if experience deteriorates from current best estimates, we request that the Department inform the company prior to approving the requested premium rate increases, as the company would like to amend this filing to request significantly larger premium rate increases at this time.

As noted in the Actuarial Memorandum, seven prior premium rate increases have been approved and implemented on all policies issued under these policy forms in Pennsylvania. A 35% increase was approved in January 2005 and implemented on each policyholder's next policy anniversary beginning in April 2005. A 15% increase was approved in April 2008 and implemented on each policyholder's next policy anniversary beginning in July 2008. A 10% increase was approved in June 2009 and implemented on each policyholder's next policy anniversary beginning in September 2009. A 10% increase was approved in March 2011 and implemented on each policyholder's next policy anniversary beginning in June 2011. A 15% increase was approved in May 2013 and implemented on each policyholder's next policy anniversary beginning in August 2013. A 15% increase was approved in September 2015 and implemented on each policyholder's next policy anniversary beginning in December 2015. A 10% increase was approved in September 2017 and implemented on each policyholder's next policy anniversary beginning in December 2017.

These prior rate increases only applied to the premium associated with the nursing home policy, including the premium associated with the optional benefit increase rider. No rate increase has been or is being requested for the premium associated with either the optional home care rider or the optional nonforfeiture benefit rider.

As with the prior rate increases, the company will offer policyholders affected by the premium increase the option of reducing their policy benefits to provide flexibility of choice for those policyholders who wish to maintain a premium level reasonably similar to what they were paying prior to the rate increase. In addition, if the requested premium rate increases are approved, the company will offer all policyholders a contingent nonforfeiture benefit in accordance with the requirements set forth in Pennsylvania Code §89a.123, regardless of the issue date or issue age of the policy.

The following electronic items are included with this submission:

- this cover letter;
- a letter from Milliman Inc. describing their involvement and review of this filing;
- an Actuarial Memorandum and Premium Rate Schedules;
- a Supplement to the Actuarial Memorandum;
- copies of policy forms 30225-PA, 30225-PA1 and 30225A-PA1 and rider forms 30270 and 30271;
- a Microsoft Excel workbook containing Exhibit 6 of the Actuarial Memorandum; and
- a Microsoft Excel workbook containing Attachments 3 through 9 of the Supplement.

The required retaliatory filing fee of \$125 will be paid via Electronic Funds Transfer (EFT).

Thank you for your assistance in reviewing this filing.

RiverSource Life Insurance Company
RiverSource Distributors, Inc.
9550 Ameriprise Financial Center
Minneapolis, MN 55474



Respectfully,

A handwritten signature in black ink that reads "Anju Gupta-Lavey". The signature is written in a cursive, flowing style.

Anju Gupta-Lavey, FSA, MAAA
Director - Actuary
RiverSource Life Insurance Company

RIVERSOURCE LIFE INSURANCE COMPANY

Address: 227 Ameriprise Financial Center, Minneapolis MN 55474

Actuarial Memorandum for Policy Form 30225 Series

January 2019

Policy forms 30225-PA, 30225-PA1, and 30225A-PA1 are individual policy forms providing benefits to individuals for confinement in a nursing home. These policy forms were issued in Pennsylvania from January 15, 1993 to September 15, 1998.

1. Purpose of Filing

This Actuarial Memorandum has been prepared for the purpose of demonstrating the compliance of this premium rate increase filing with the applicable laws of the State of Pennsylvania and with the rules of the Department and that the anticipated loss ratio of these policy forms meets the minimum requirements of the state. It may not be appropriate for other purposes.

2. Description of Benefits

These are individually underwritten policy forms which pay a daily benefit for confinement in a nursing home. Benefits are payable under skilled, intermediate or custodial levels of care. Hospital confinement is not a pre-requisite for benefit entitlement.

The confinement daily benefit amount was selected at issue. The maximum period for which confinement benefits are payable was also selected at issue. The choices were: 2 years, 3 years, 4 years and unlimited (also referred to as "lifetime"). The policy also pays 60% of the confinement daily benefit for stays in a qualified Assisted Living Facility ("ALF"). A qualified ALF is one that has a minimum of 10 inpatients and has a 24-hour awake, trained and ready to respond staff.

Confinement benefit payments commence after an elimination period of 20 days or 100 days, depending on the plan initially chosen. During the continuation of confinement benefit payments, the premiums are waived after 90 days.

Benefit eligibility for nursing home coverage is based on the following: (a) sickness or injury (1996 and prior issues only); (b) the insured being unable to perform at least 3 or more following activities of daily living ("ADLs") deficiencies: Bathing, Continence, Dressing, Feeding, Toileting and Transferring; or (c) cognitive impairment. Benefit eligibility for ALF coverage is based on either: (a) the insured being unable to perform at least 3 or more out of 6 ADLs; or (b) cognitive impairment. In most other states, benefit eligibility for nursing home coverage is based on the following: (a) sickness or injury (1996 and prior issues only); (b) the insured being unable to perform at least 2 or more out of 5 ADLs: Continence, Dressing, Feeding, Toileting and Transferring; or (c) cognitive impairment. Benefit eligibility for ALF coverage in most other states is based on either: (a) the insured being unable to perform at least 2 or more out of 5 ADLs; or (b) cognitive impairment.

If temporary hospitalization is required during a period of confinement in a nursing home or an ALF and there is a charge for reserving a bed in the facility, this policy will pay the daily benefit for up to 21 days during any confinement period.

At the time of issue, the insured could choose to elect No Benefit Increase Option, the Simple Benefit Increase Option or the Compound Benefit Increase Option. The Simple

RIVERSOURCE LIFE INSURANCE COMPANY

Address: 227 Ameriprise Financial Center, Minneapolis MN 55474

Actuarial Memorandum for Policy Form 30225 Series

January 2019

Benefit Increase Option increases the original daily benefit amount by a fixed amount (5% of the original daily benefit amount) each year starting with the second policy year and continuing for the life of the policy. The Compound Benefit Increase Option increases the previous year's daily benefit amount by 5% per year starting with the second policy year and continuing for the life of the policy. The increasing benefit option will apply even when the policy is in claim status.

3. Renewability

These policy forms are guaranteed renewable for life.

4. Applicability

This rate filing is applicable to inforce policies only, as these policy forms are no longer being sold in the market. The rate increase will apply to the premium associated with the nursing home policy only. No rate increase is being requested for the premium associated with either the optional home care rider or the optional nonforfeiture benefit rider.

5. Actuarial Assumptions

Exhibit 1 provides a comparison of the original pricing assumptions and the current assumptions used in this rate filing for morbidity, mortality, lapses and interest.

Exhibits 2 through 5 provide experience analysis summaries for morbidity, mortality, lapse and policyholder behavior related to premium rate increases in support of the current premium rate increase assumptions.

The following discussion describes the actuarial assumptions used in the current premium rate increase analysis and summarizes our experience analysis in support of these assumptions as well as the company's management of this block of business. We believe the current assumptions are justified by the underlying experience and that the changed assumptions from original pricing are reasonable.

Morbidity

RiverSource Life Insurance Company ("RiverSource Life") began marketing nursing home policies with a zero-day prior hospitalization requirement in 1989. Using the emerging experience on this business, statistics from the "1985 National Nursing Home Survey" published by the National Center for Health Statistics and input provided from RiverSource Life's reinsurer, the expected frequencies and severities of claims were developed for policies with No Benefit Increase Option. It should be noted that considerable judgment was made with regard to the frequency and severity of claims, especially for the ALF benefit.

Claim costs for the Simple and Compound Benefit Increase Options were based on these claim costs with the benefit loaded to reflect the scheduled increases in benefits.

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January 2019

Currently assumed expected claim costs are the product of original pricing expected claim costs and actual-to-expected morbidity adjustment factors ("morbidity A/E factors"). The company took steps beginning in 2003 to improve claim experience by reviewing and tightening claim adjudication and care coordination practices where possible, which is reflected in a 5% reduction in expected claim costs for 2004 and later.

We conduct a morbidity study every year to analyze the current morbidity A/E factors. The analysis is done on a claim cost basis, rather than on a frequency and severity basis, which is not readily available. Experience for all policies issued under policy form 30225 series, including both those issued without and with the 1997 revised rates, is used in the study since the benefit provisions are essentially identical. The current study includes actual emerging experience through anniversaries ending December 2017 and is based on 13,367 actual claims (7,333 with a lifetime benefit period and 6,034 with non-lifetime benefit periods).

The morbidity study compares actual incurred claims to expected incurred claims, where expected claims reflect the original pricing claim costs adjusted with the company's most recent set of morbidity A/E factors. If the resulting cumulative actual-to-expected ratio is near 100% while minimizing the squared error, no changes are made to the morbidity A/E factors. However, if the actual-to-expected ratio has shifted away from 100% or the squared error is too high, we develop a new set of morbidity A/E factors and retest them until a good fit is found (measured by actual-to-expected ratio and squared error).

The currently assumed morbidity A/E factors are provided in Exhibit 1.

Professional judgment is applied to create morbidity A/E factors for periods beyond that for which there is actual experience. It has been credibly observed on older forms, including policy form series 30225 issued without and with the 1997 revised rates, that experience has been favorable at younger attained ages but much worse than priced for at older attained ages. Thus, we believe morbidity A/E factors that increase by duration are appropriate.

Exhibit 2 provides a comparison of actual and expected experience, where expected experience reflects claim costs using current morbidity A/E factors. As shown in this exhibit, the ratio of total actual-to-expected claims using the current morbidity A/E factors is 100.0%. Claim counts split by issue age band are also provided in Exhibit 2.

Mortality

We conduct a mortality study every year to develop durational mortality actual-to-expected adjustment factors ("mortality A/E factors") that are applied to the 1983 Individual Annuity Mortality ("IAM") Basic table. The mortality study is based on actual experience for all long-term care ("LTC") policies combined. The current study includes 57,082 deaths incurred on policies from policy anniversaries in 2000 through policy anniversaries in 2017.

The current mortality A/E factors were developed subject to the constraint that the factors must be non-decreasing by duration. The mortality A/E factors are assumed to differ by issue age band, since the selection period is expected to be shorter at older issue ages.

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January 2019

At the older issue ages, the current mortality A/E factors increase to 100% of the table or higher. In general, that has not been the case through duration 26 for younger issue ages, but we expect that it will as insureds reach a very advanced age. For this reason, the mortality A/E factors extend to duration 35 for younger issue ages.

The currently assumed mortality A/E factors are provided in Exhibit 1.

Exhibit 3 provides a comparison of actual and expected deaths, where the expected basis reflects the 1983 IAM Basic table with the currently assumed mortality A/E factors. The mortality A/E factors fit the observed data very well with the resulting ratio of actual-to-expected deaths at or near 100%.

Lapse Rates

We conduct a lapse study each year to develop a best-estimate lapse assumption. The lapse study is based on actual experience for all LTC policies combined. The current study includes 36,977 lapses on policies from policy anniversaries in 2000 through policy anniversaries in 2017, including 12,434 lapses in durations 8 and later. The exposures and actual lapses close to the implementation of premium rate increases are excluded from this analysis. For non-lifetime benefit periods, lapses exclude policies that have maximized their benefits; a separate study is conducted to develop a best-estimate assumption for policy terminations due to expiration of benefits.

Lapse experience varies by issue age and benefit period (i.e. lifetime benefit period versus non-lifetime benefit periods). We applied judgment to the results of the lapse study to develop the best-estimate lapse assumption. For later durations, we often looked at several durations' experience together to improve credibility. We have also made an effort to reflect that lapse rates seem to increase some at older attained ages.

The current assumptions for lapse rates and policy terminations due to expiration of benefits are provided in Exhibit 1. As shown in this exhibit, currently assumed ultimate lapse rates range from 1.1% to 2.5% based on issue age band and benefit period category. Exhibit 4 provides a comparison of the actual and expected lapse experience, where the expected basis reflects the currently assumed lapse rates (not including policy terminations due to expiration of benefits).

We also conduct a study each year to develop best-estimate assumptions for the additional lapses and benefit reductions associated with premium rate increases. Exhibit 5 provides the total lapses and benefit reductions the company has experienced at different premium rate increase levels from 2005 through 2017. Based on our actual experience, in the first year of premium increase notification to policyholders, an additional 1.5% of inforce policyholders is assumed to lapse, and a 2.7% reduction in benefits due to election of reduced benefit options is also assumed.

We have experienced much stronger customer loyalty than anticipated at the time the LTC policy forms were initially priced. The resulting high policy persistency has unfortunately had an adverse impact on loss ratios.

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January 2019

Adverse Selection

Adverse selection of 4.2% in the first year of premium increase notification to policyholders grading down to 0% in the 6th year after the initial premium increase notification is assumed.

Expenses

Expenses have not been explicitly projected. It is assumed that the originally filed expense assumptions remain appropriate, except that commission rates were reduced in 2005, 2008, 2009, 2011, 2013, 2016 and 2018 so that total commissions paid before and after the past sought nationwide increases in premium are similar. In addition, as part of this premium rate increase process, the company anticipates adjusting commission rates so that the total commissions paid before and after the full amount of requested increase in premium are similar.

The assumptions used in this rate filing are based on actual inforce experience of RiverSource Life and are deemed reasonable for these particular policy forms. These are best-estimate assumptions and do not include any provision for profit or contingencies.

6. Marketing Method

These policy forms were marketed by agents of RiverSource Life.

7. Underwriting Description

These policy forms were fully underwritten with the use of various underwriting tools in addition to the application, which may have included medical records, an attending physician's statement, telephone interview and/or face-to-face assessment.

8. Premiums

Premiums are unisex and payable for life. Premium rates vary by issue age, the initial daily benefit amount, the benefit period, the elimination period and the Benefit Increase Option.

9. Issue Age Range

The issue ages were from 40 to 79, except for the benefit structures with 100-day elimination period and non-lifetime benefit periods which were issued to age 84.

10. Area Factors

Area factors are not used for this product.

11. Premium Modalization Rules

The following modal factors and nationwide percent distributions (based on inforce count as of June 30, 2018) are applied to the annual premium ("AP"):

RIVERSOURCE LIFE INSURANCE COMPANY

Address: 227 Ameriprise Financial Center, Minneapolis MN 55474

Actuarial Memorandum for Policy Form 30225 Series

January 2019

Premium Mode	Modal Factors	Percent Distribution
Annual	1.0000*AP + 0.0	43.0%
Semi-Annual	0.5020*AP+ 0.4	8.8%
Quarterly	0.2580*AP+ 0.5	8.5%
Monthly	0.0868*AP+ 0.6	39.7%

12. Active Life Reserves

Active life reserves, although they have significant impact, have not been used in the analysis in this rate filing, except as provided in the supplement to this Actuarial Memorandum.

13. Trend Assumptions

As this is not medical insurance, explicit medical cost trends have not been included in the projections.

14. Past and Future Policy Experience

Nationwide experience for policy form 30225 is provided in Exhibit 6, including any previously implemented premium rate increases as described below in section 15. The experience in Exhibit 6 is provided separately for (i) policies with a lifetime benefit period and (ii) policies with non-lifetime benefit periods as well as for (iii) all policies in total.

Historical experience is shown by claim incurral year with the loss ratio for each calendar year. The following formula provides an illustration of the historical loss ratio calculation for each calendar year:

$$LR_j = \frac{\sum_k \sum_t {}_jPmt_t^k * v^{t-k} + \sum_k ({}_jCR_{ValDate}^k + {}_jIBNR_{ValDate}^k) * v^{ValDate-k}}{EP_j}$$

LR_j = loss ratio for year j

${}_jPmt_t^k$ = claim payments at time t for claims incurred at time k in year j

${}_jCR_{ValDate}^k$ = open claim reserve held on June 30, 2018 for claims incurred at time k in year j

${}_jIBNR_{ValDate}^k$ = incurred but not reported reserve as of June 30, 2018 attributable to claims incurred at time k in year j

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Actuarial Memorandum for Policy Form 30225 Series

January 2019

EP_j = earned premium in year j

$ValDate$ = June 30, 2018

j = year of claim incurral

k = date of claim incurral

t = date of claim payment

$v = 1 / 1.045 = 0.956938$

A historical annual loss ratio is calculated, without and with interest, as historical incurred claims divided by historical earned premiums. Historical earned premiums in Exhibit 6 are calculated based on the issue and, if appropriate, termination date for each policy. Historical incurred claims in Exhibit 6 are determined by discounting claim payments and open claim reserves to the actual original loss date for each claim and by discounting IBNR to the time it is assumed to occur. These items are then summed to produce a total for each calendar year. For purposes of accumulating historical experience for a historical or for a lifetime loss ratio calculation, these calendar year totals are assumed to represent a mid-year value.

A future annual loss ratio is calculated, without and with interest, as anticipated incurred claims divided by anticipated earned premiums. Anticipated earned premiums and incurred claims are projected on a seriatim basis and then summed to produce a total for each calendar year. For purposes of discounting projected future experience for an anticipated or for a lifetime loss ratio calculation, these calendar year totals are assumed to represent a mid-year value.

A lifetime loss ratio as of June 30, 2018 is calculated as the sum of accumulated historical experience and discounted projected future experience where accumulation and discounting of the total for each calendar year occur at 4.5% and assume mid-year values.

15. History of Previous Premium Rate Revisions

Seven prior premium rate increases have been approved and implemented on these policy forms in Pennsylvania. A 35% increase was approved in January 2005 and implemented on each policyholder's next policy anniversary beginning in April 2005. A 15% increase was approved in April 2008 and implemented on each policyholder's next policy anniversary beginning in July 2008. A 10% increase was approved in June 2009 and implemented on each policyholder's next policy anniversary beginning in September 2009. A 10% increase was approved in March 2011 and implemented on each policyholder's next policy anniversary beginning in June 2011. A 15% increase was approved in May 2013 and implemented on each policyholder's next policy anniversary beginning in August 2013. A 15% increase was approved in September 2015 and implemented on each policyholder's next policy anniversary beginning in December 2015. A 10% increase was approved in September 2017 and implemented on each policyholder's next policy anniversary beginning in December 2017.

RIVERSOURCE LIFE INSURANCE COMPANY

Address: 227 Ameriprise Financial Center, Minneapolis MN 55474

Actuarial Memorandum for Policy Form 30225 Series

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The actual and projected premiums in Exhibit 6 reflect the accumulated premium rate increases as approved in Pennsylvania and implemented from 2005 through 2018 on a nationwide basis.

16. Requested Premium Rate Increase and Demonstration of Satisfaction of Loss Ratio Requirements

The company is requesting the following premium rate increases:

- a 64.5% premium rate increase for policies with a lifetime benefit period, spread over three years with an implementation schedule of three consecutive annual premium rate increases of 18.1% each; and
- a 44.5% premium rate increase for policies with non-lifetime benefit periods, spread over three years with an implementation schedule of three consecutive annual premium rate increases of 13.1% each.

Projected experience assuming the requested premium rate increases are implemented from 2019 through 2022 is provided in Exhibit 6. As shown in this exhibit, the expected lifetime loss ratios before and after the requested premium rate increases exceed the minimum loss ratio of 60%.

The reason for the requested premium rate increases is due to a combination of actual lapse and mortality running less than expected in pricing and actual morbidity experience worse than expected for older attained ages. A premium rate increase is considered an effective way to reduce projected losses.

Table 1 shows the isolated impact on the projected lifetime loss ratios of future deviations in each key driver from original assumptions and the corresponding premium rate increase needed to produce the target lifetime loss ratio, separately for policies with a lifetime benefit period and policies with non-lifetime benefit periods. This target lifetime loss ratio represents the lifetime loss ratio using historical experience combined with projected future experience based on our original pricing assumptions and is 107.0 % for policies with a lifetime benefit period and 81.1 % for policies with non-lifetime benefit periods.

Note that Table 1 has been developed using nationwide historical experience through June 30, 2018, where actual and projected premiums reflect the accumulated rate increases as approved in Pennsylvania and implemented from 2005 through 2018 on a nationwide basis, and the loss ratios with all current assumptions correspond to Exhibit 6(i) for policies with a lifetime benefit period and Exhibit 6(ii) for policies with non-lifetime benefit periods before the requested premium rate increases.

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Table 1
RiverSource Life Insurance Company
Impact on Lifetime Loss Ratio of Changing from Original Pricing to Current Assumptions
Nationwide Experience Before Any Premium Rate Increase
Adjusted for Cumulative Prior Approved Premium Rate Increases on a Nationwide Basis
Policy Form 30225

Policies with a Lifetime Benefit Period			
Assumptions	Lifetime Loss Ratio	Impact on Lifetime Loss Ratio	Premium Rate Increase Needed to Produce a Lifetime Loss Ratio of 107.0%
Historical Experience through 6/30/2018 & Projections with Original Pricing Assumptions	107.0%	N/A	N/A
Historical Experience through 6/30/2018 & Projections with Original Pricing Assumptions except for Current:			
Morbidity	117.6%	10.6%	77.4%
Mortality	108.6%	1.6%	11.3%
Lapse	126.3%	19.3%	117.7%
Interest	112.3%	5.3%	36.0%
Historical Experience through 6/30/2018 & Projections with All Current Assumptions	152.5%	45.5%	250.9%

Policies with Non-Lifetime Benefit Periods			
Assumptions	Lifetime Loss Ratio	Impact on Lifetime Loss Ratio	Premium Rate Increase Needed to Produce a Lifetime Loss Ratio of 81.1%
Historical Experience through 6/30/2018 & Projections with Original Pricing Assumptions	81.1%	N/A	N/A
Historical Experience through 6/30/2018 & Projections with Original Pricing Assumptions except for Current:			
Morbidity	82.5%	1.4%	22.1%
Mortality	81.9%	0.8%	11.9%
Lapse	86.4%	5.3%	73.4%
Interest	84.7%	3.6%	50.3%
Historical Experience through 6/30/2018 & Projections with All Current Assumptions	93.4%	12.3%	152.0%

Note that the lifetime loss ratio for each changed assumption in Table 1 does not reflect any synergy of the assumptions. As a result, the total impact of all current assumptions on the lifetime loss ratio for policies with a lifetime benefit period (i.e. 45.5%) is greater than the sum of the impact of each changed assumption (i.e. 36.8% = 10.6% + 1.6% + 19.3% + 5.3%) and the total impact of all current assumptions on the lifetime loss ratio

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for policies with non-lifetime benefit periods (i.e. 12.3%) is greater than the sum of the impact of each changed assumption (i.e. $11.1\% = 1.4\% + 0.8\% + 5.3\% + 3.6\%$).

As the results in Table 1 show, premium rate increases that far exceed the requested increases are currently actuarially justified. RiverSource Life is requesting premium rate increases at this time that are lower than the current actuarially justified increases, as we believe that it is appropriate to limit the current premium rate increase requests to 64.5% for policies with a lifetime benefit period and 44.5% for policies with non-lifetime benefit periods in order to minimize the impact on policyholders to the extent that we can, with the understanding that the company anticipates seeking additional premium rate increases in the future, even if experience does not deteriorate from current best estimates.

If it is the Department's position to only allow future additional premium rate increases if experience deteriorates from current best estimates, we request that the Department inform the company prior to approving the requested premium rate increases, as the company would like to amend this filing to request significantly larger premium rate increases at this time.

Premium rate tables with the first, second and third consecutive requested rate increases are provided in Exhibit 7.

17. Pennsylvania Average Annual Premium (Based on June 30, 2018 Inforce)

	Policies with a Lifetime Benefit Period	Policies with Non-Lifetime Benefit Periods
Before rate increase	\$1,873	\$1,610
After 1st rate increase	\$2,211	\$1,821
After 2nd rate increase	\$2,610	\$2,058
After 3rd rate increase	\$3,081	\$2,327

These values assume all previously approved premium rate increases have been fully implemented on all policies.

18. Proposed Effective Date

The premium rate increase will apply to policies on their three consecutive policy anniversary dates following a 60-day notification period.

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19. Nationwide Distribution of Business (Based on June 30, 2018 Inforce Count)

By Issue Age:

Issue Ages	Percent Distribution
<55	36.6%
55-59	30.3%
60-64	21.7%
65-69	8.8%
70-74	2.3%
75-79	0.3%
>79	<0.1%

By Elimination Period:

Elimination Period	Percent Distribution
20-day	18.9%
100-day	81.1%

By Benefit Period:

Benefit Period	Percent Distribution
2-Year	2.2%
3-Year	8.3%
4-Year	19.7%
Unlimited	69.8%

By Inflation Protection Option:

Inflation Option	Percent Distribution
None	11.4%
Simple	40.2%
Compound	48.4%

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By Gender:

Gender	Percent Distribution
Female	62.1%
Male	37.9%

20. Number of Policyholders

As of June 30, 2018, the number of policies and annual premium inforce assuming all premium rate increases previously approved in Pennsylvania have been fully implemented on all policies in both the state and nationwide, is:

	Number of Insureds	Annual Premium
Pennsylvania:		
Policies with a Lifetime Benefit Period	1,600	\$2,997,515
Policies with Non-Lifetime Benefit Periods	<u>930</u>	<u>1,497,458</u>
Total	2,530	\$4,494,973
Nationwide	40,516	\$68,564,398

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21. Actuarial Certification

I am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries, and I meet the Academy's qualification standards for preparing health rate filings and to render the actuarial opinion contained herein.

I believe this rate filing is in compliance with the applicable laws of the State of Pennsylvania and with the rules of the Department. This Actuarial Memorandum has been prepared in conformity with all applicable Actuarial Standards of Practice, including ASOP No. 8.

I hereby certify that, to the best of my knowledge and judgment, this rate submission is in compliance with the applicable laws and regulations of the State of Pennsylvania. Furthermore, the actuarial assumptions are appropriate. In my opinion, the rates are not excessive or unfairly discriminatory. This rate filing will progress toward premium adequacy but may not be sufficient to prevent future rate action. Therefore, benefits cannot be certified as reasonable in relation to premiums.



Anju Gupta-Lavey, FSA, MAAA
Director - Actuary
RiverSource Life Insurance Company
Date: January 24, 2019

Exhibit 1
RiverSource Life Insurance Company
Original Pricing & Current Assumptions Comparison
Policy Form 30225

Morbidity Assumptions	
<u>Original Pricing Assumptions:</u>	
<p>RiverSource Life Insurance Company ("RiverSource Life") began marketing nursing home policies with a zero-day prior hospitalization requirement in 1989. Using the emerging experience on this business, statistics from the "1985 National Nursing Home Survey" published by the National Center for Health Statistics and input provided from RiverSource Life's reinsurer, the expected frequencies and severities of claims were developed for policies with No Benefit Increase Option . It should be noted that considerable judgment was made with regard to the frequency and severity of claims, especially for the ALF benefit. Claim costs for the Simple and Compound Benefit Increase Options were based on these claim costs with the benefit loaded to reflect the scheduled increases in benefits.</p>	
The following selection factors were used:	
Duration	Factor
1	40%
2	50%
3	60%
4	70%
5	80%
6	90%
7+	100%

Exhibit 1
RiverSource Life Insurance Company
Original Pricing & Current Assumptions Comparison
Policy Form 30225

Morbidity Assumptions							
Current Assumptions:							
Currently assumed claim costs are the product of original pricing expected claim costs and actual-to-expected morbidity adjustment factors. The company took steps beginning in 2003 to improve claim experience by reviewing and tightening claim adjudication and care coordination practices where possible, which is reflected in a 5% reduction in expected claim costs for 2004 and later. The morbidity actual-to-expected adjustment factors were developed from actual emerging experience through anniversaries ending December 2017.							
Lifetime Benefit Period Actual-to-Expected Adjustment Factors							
Duration	Issue Age Band						
	<53	53-57	58-62	63-67	68-72	73-77	78+
1	0.150	0.580	1.190	1.370	1.980	2.310	2.150
2	0.150	0.580	1.190	1.370	1.980	2.310	2.150
3	0.150	0.580	1.190	1.370	1.980	2.310	2.150
4	0.212	0.604	1.144	1.388	1.942	2.226	2.120
5	0.274	0.628	1.098	1.406	1.904	2.142	2.090
6	0.336	0.652	1.052	1.424	1.866	2.058	2.060
7	0.398	0.676	1.006	1.442	1.828	1.974	2.030
8	0.460	0.700	0.960	1.460	1.790	1.890	2.000
9	0.486	0.708	1.008	1.488	1.770	1.830	1.954
10	0.512	0.716	1.056	1.516	1.750	1.770	1.908
11	0.538	0.724	1.104	1.544	1.730	1.710	1.862
12	0.564	0.732	1.152	1.572	1.710	1.650	1.816
13	0.590	0.740	1.200	1.600	1.690	1.590	1.770
14	0.632	0.828	1.236	1.564	1.638	1.568	1.776
15	0.674	0.916	1.272	1.528	1.586	1.546	1.782
16	0.716	1.004	1.308	1.492	1.534	1.524	1.788
17	0.758	1.092	1.344	1.456	1.482	1.502	1.794
18	0.800	1.180	1.380	1.420	1.430	1.480	1.800
19	0.814	1.212	1.386	1.438	1.438	1.496	1.802
20	0.828	1.244	1.392	1.456	1.446	1.512	1.804
21	0.842	1.276	1.398	1.474	1.454	1.528	1.806
22	0.856	1.308	1.404	1.492	1.462	1.544	1.808
23	0.870	1.340	1.410	1.510	1.470	1.560	1.810
24	0.884	1.336	1.406	1.510	1.482	1.564	1.828
25	0.898	1.332	1.402	1.510	1.494	1.568	1.846
26	0.912	1.328	1.398	1.510	1.506	1.572	1.864
27	0.926	1.324	1.394	1.510	1.518	1.576	1.882
28	0.940	1.320	1.390	1.510	1.530	1.580	1.900
29	0.952	1.322	1.391	1.512	1.529	1.578	1.898
30	0.963	1.323	1.392	1.513	1.528	1.577	1.897
31	0.975	1.325	1.393	1.515	1.528	1.575	1.895
32	0.987	1.327	1.393	1.517	1.527	1.573	1.893
33	0.998	1.328	1.394	1.518	1.526	1.572	1.892
34	1.010	1.330	1.395	1.520	1.525	1.570	1.890
35	1.022	1.332	1.396	1.522	1.524	1.568	1.888
36	1.033	1.333	1.397	1.523	1.523	1.567	1.887
37	1.045	1.335	1.398	1.525	1.523	1.565	1.885
38	1.057	1.337	1.398	1.527	1.522	1.563	1.883
39	1.068	1.338	1.399	1.528	1.521	1.562	1.882
40+	1.080	1.340	1.400	1.530	1.520	1.560	1.880

Exhibit 1
RiverSource Life Insurance Company
Original Pricing & Current Assumptions Comparison
Policy Form 30225

Morbidity Assumptions								
Current Assumptions:								
Non-Lifetime Benefit Periods Actual-to-Expected Adjustment Factors								
Duration	Issue Age Band							
	<53	53-57	58-62	63-67	68-72	73-77	78-82	83+
1	0.100	0.300	0.440	0.640	0.730	1.430	1.700	1.940
2	0.100	0.300	0.440	0.640	0.730	1.430	1.700	1.940
3	0.100	0.300	0.440	0.640	0.730	1.430	1.700	1.940
4	0.120	0.310	0.484	0.672	0.784	1.416	1.666	1.904
5	0.140	0.320	0.528	0.704	0.838	1.402	1.632	1.868
6	0.160	0.330	0.572	0.736	0.892	1.388	1.598	1.832
7	0.180	0.340	0.616	0.768	0.946	1.374	1.564	1.796
8	0.200	0.350	0.660	0.800	1.000	1.360	1.530	1.760
9	0.250	0.360	0.668	0.840	1.030	1.348	1.514	1.772
10	0.300	0.370	0.676	0.880	1.060	1.336	1.498	1.784
11	0.350	0.380	0.684	0.920	1.090	1.324	1.482	1.796
12	0.400	0.390	0.692	0.960	1.120	1.312	1.466	1.808
13	0.450	0.400	0.700	1.000	1.150	1.300	1.450	1.820
14	0.460	0.472	0.752	1.042	1.156	1.302	1.446	1.842
15	0.470	0.544	0.804	1.084	1.162	1.304	1.442	1.864
16	0.480	0.616	0.856	1.126	1.168	1.306	1.438	1.886
17	0.490	0.688	0.908	1.168	1.174	1.308	1.434	1.908
18	0.500	0.760	0.960	1.210	1.180	1.310	1.430	1.930
19	0.542	0.772	0.994	1.224	1.196	1.314	1.442	1.954
20	0.584	0.784	1.028	1.238	1.212	1.318	1.454	1.978
21	0.626	0.796	1.062	1.252	1.228	1.322	1.466	2.002
22	0.668	0.808	1.096	1.266	1.244	1.326	1.478	2.026
23	0.710	0.820	1.130	1.280	1.260	1.330	1.490	2.050
24	0.752	0.840	1.140	1.280	1.272	1.348	1.488	2.050
25	0.794	0.860	1.150	1.280	1.284	1.366	1.486	2.050
26	0.836	0.880	1.160	1.280	1.296	1.384	1.484	2.050
27	0.878	0.900	1.170	1.280	1.308	1.402	1.482	2.050
28	0.920	0.920	1.180	1.280	1.320	1.420	1.480	2.050
29	0.928	0.929	1.180	1.280	1.321	1.421	1.480	2.049
30	0.937	0.938	1.180	1.280	1.322	1.422	1.480	2.048
31	0.945	0.948	1.180	1.280	1.323	1.423	1.480	2.048
32	0.953	0.957	1.180	1.280	1.323	1.423	1.480	2.047
33	0.962	0.966	1.180	1.280	1.324	1.424	1.480	2.046
34	0.970	0.975	1.180	1.280	1.325	1.425	1.480	2.045
35	0.978	0.984	1.180	1.280	1.326	1.426	1.480	2.044
36	0.987	0.993	1.180	1.280	1.327	1.427	1.480	2.043
37	0.995	1.003	1.180	1.280	1.328	1.428	1.480	2.043
38	1.003	1.012	1.180	1.280	1.328	1.428	1.480	2.042
39	1.012	1.021	1.180	1.280	1.329	1.429	1.480	2.041
40+	1.020	1.030	1.180	1.280	1.330	1.430	1.480	2.040
The following adverse selection factors are used:								
First Year of Premium Increase Notification		Adverse Selection Factor						
1		4.20%						
2		3.20%						
3		2.20%						
4		1.20%						
5		0.20%						
6		0.00%						

Exhibit 1
RiverSource Life Insurance Company
Original Pricing & Current Assumptions Comparison
Policy Form 30225

Mortality Assumptions						
Original Pricing Assumptions:						
1983 Individual Annuity Mortality Basic Table						
Current Assumptions:						
1983 Individual Annuity Mortality Basic Table with A/E adjustment factors consistent with experience						
Mortality Actual-to-Expected Adjustment Factors						
Duration	Issue Age Band					
	<58	58-62	63-67	68-72	73-77	78+
1	20%	20%	25%	20%	20%	25%
2	25%	35%	40%	30%	25%	25%
3	35%	45%	45%	40%	40%	40%
4	40%	50%	45%	45%	45%	45%
5	45%	50%	45%	55%	50%	55%
6	50%	50%	55%	55%	60%	60%
7	50%	55%	60%	60%	65%	65%
8	50%	55%	60%	60%	70%	75%
9	50%	55%	66%	71%	73%	88%
10	54%	66%	66%	74%	73%	88%
11	54%	66%	70%	78%	74%	88%
12	54%	66%	70%	78%	86%	89%
13	54%	66%	70%	82%	86%	92%
14	54%	66%	70%	85%	86%	92%
15	54%	66%	72%	85%	93%	94%
16	54%	66%	77%	85%	93%	99%
17	60%	67%	77%	87%	97%	99%
18	60%	67%	80%	95%	101%	100%
19	60%	71%	80%	95%	101%	100%
20	60%	71%	83%	95%	101%	103%
21	66%	77%	83%	96%	110%	106%
22	67%	82%	90%	108%	110%	110%
23	68%	82%	90%	108%	110%	110%
24	79%	84%	90%	108%	110%	110%
25	83%	84%	94%	108%	110%	110%
26	84%	86%	102%	108%	110%	110%
27	85%	95%	102%	108%	110%	110%
28	90%	97%	102%	108%	110%	110%
29	90%	97%	102%	108%	110%	110%
30	90%	100%	102%	108%	110%	110%
31	90%	100%	102%	108%	110%	110%
32	95%	100%	102%	108%	110%	110%
33	95%	100%	102%	108%	110%	110%
34	95%	100%	102%	108%	110%	110%
35+	100%	100%	102%	108%	110%	110%

Exhibit 1
RiverSource Life Insurance Company
Original Pricing & Current Assumptions Comparison
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Lapse Assumptions							
Original Pricing Assumptions:							
Duration		Rate					
1		8%					
2		7%					
3		6%					
4+		5%					
Current Assumptions:							
Lifetime Benefit Period				Non-Lifetime Benefit Periods			
Issue Age Band				Issue Age Band			
Duration	<63	63-72	73+	Duration	<63	63-72	73+
1	7.02%	7.00%	7.15%	1	6.86%	7.04%	5.30%
2	6.60%	4.75%	3.60%	2	5.92%	4.78%	4.60%
3	4.89%	3.67%	3.60%	3	4.11%	3.29%	3.05%
4	3.69%	2.75%	1.90%	4	3.06%	2.84%	2.88%
5	2.68%	2.00%	1.40%	5	2.29%	1.92%	2.10%
6	1.90%	1.70%	1.40%	6	1.70%	1.84%	1.90%
7	1.52%	1.16%	1.40%	7	1.48%	1.41%	1.70%
8	1.11%	1.16%	1.30%	8	1.15%	1.36%	1.70%
9	1.07%	1.16%	1.10%	9	1.05%	1.24%	1.70%
10	0.89%	1.16%	1.10%	10	0.90%	1.20%	1.98%
11	0.88%	1.16%	1.10%	11	0.90%	1.20%	1.98%
12	0.65%	0.87%	1.40%	12	0.90%	1.15%	2.10%
13	0.65%	0.87%	1.40%	13	0.74%	1.15%	2.10%
14	0.65%	0.87%	1.45%	14	0.74%	1.15%	2.20%
15	0.65%	0.98%	1.45%	15	0.73%	1.15%	2.20%
16	0.60%	0.98%	1.75%	16	0.73%	1.15%	2.50%
17	0.60%	0.98%	1.75%	17	0.73%	1.25%	2.50%
18	0.56%	1.20%	1.80%	18	0.87%	1.25%	2.50%
19	0.56%	1.20%	1.80%	19	0.87%	1.65%	2.50%
20	0.56%	1.20%	1.90%	20	0.87%	1.85%	2.50%
21	0.65%	1.20%	1.90%	21	0.90%	1.75%	2.50%
22	0.75%	1.20%	2.00%	22	0.95%	1.90%	2.50%
23	0.80%	1.20%	2.00%	23	1.00%	1.90%	2.50%
24	0.85%	1.25%	2.00%	24	1.10%	1.90%	2.50%
25	0.90%	1.25%	2.00%	25	1.10%	1.90%	2.50%
26	0.95%	1.25%	2.00%	26	1.20%	1.90%	2.50%
27	1.00%	1.25%	2.00%	27	1.30%	1.90%	2.50%
28	1.00%	1.25%	2.00%	28	1.40%	1.90%	2.50%
29	1.00%	1.25%	2.00%	29	1.40%	1.90%	2.50%
30	1.00%	1.30%	2.00%	30	1.40%	1.90%	2.50%
31	1.10%	1.30%	2.00%	31	1.40%	1.90%	2.50%
32	1.10%	1.30%	2.00%	32	1.40%	1.90%	2.50%
33	1.10%	1.30%	2.00%	33	1.40%	1.90%	2.50%
34	1.10%	1.30%	2.00%	34	1.40%	1.90%	2.50%
35	1.10%	1.35%	2.00%	35	1.40%	1.90%	2.50%
36	1.10%	1.35%	2.00%	36	1.40%	1.90%	2.50%
37	1.10%	1.35%	2.00%	37	1.40%	1.90%	2.50%
38	1.10%	1.35%	2.00%	38	1.40%	1.90%	2.50%
39	1.10%	1.35%	2.00%	39	1.40%	1.90%	2.50%
40+	1.10%	1.40%	2.00%	40+	1.40%	1.90%	2.50%

In the first year of premium increase notification to policyholders, an additional 1.5% of inforce policyholders is assumed to lapse, and a 2.7% reduction in benefits due to election of reduced benefit options is also assumed.

Exhibit 1
RiverSource Life Insurance Company
Original Pricing & Current Assumptions Comparison
Policy Form 30225

Benefit Expiry Assumptions for Policies with Non-Lifetime Benefit Periods				
Original Pricing Assumptions: N/A				
Current Assumptions:	Issue Age Band			
	Duration	<63	63-72	73+
	1	0.00%	0.00%	0.00%
	2	0.00%	0.00%	0.00%
	3	0.00%	0.00%	0.00%
	4	0.00%	0.00%	0.02%
	5	0.00%	0.00%	0.10%
	6	0.00%	0.02%	0.20%
	7	0.00%	0.05%	0.54%
	8	0.00%	0.05%	0.57%
	9	0.00%	0.08%	0.73%
	10	0.01%	0.10%	1.19%
	11	0.01%	0.10%	1.45%
	12	0.01%	0.20%	1.65%
	13	0.02%	0.20%	1.65%
	14	0.02%	0.20%	2.40%
	15	0.02%	0.42%	2.40%
	16	0.02%	0.42%	2.60%
	17	0.02%	0.55%	2.60%
	18	0.05%	0.55%	3.40%
	19	0.05%	0.70%	3.50%
	20	0.05%	0.85%	3.60%
	21	0.15%	1.10%	3.60%
	22	0.15%	1.20%	3.60%
	23	0.20%	1.60%	3.60%
	24	0.20%	1.60%	3.60%
	25	0.30%	1.85%	3.60%
	26	0.30%	2.00%	3.60%
	27	0.30%	2.10%	3.60%
	28	0.60%	2.30%	3.60%
	29	1.00%	2.50%	3.60%
	30	1.20%	2.60%	3.60%
	31	1.50%	2.60%	3.60%
	32	1.70%	2.60%	3.60%
	33	1.80%	2.60%	3.60%
	34	1.90%	2.60%	3.60%
	35	2.00%	2.60%	3.60%
	36+	2.10%	2.60%	3.60%

Interest Rate Assumptions	
Original Pricing Assumption:	5.00%
Current Assumption:	4.50%

Exhibit 2
RiverSource Life Insurance Company
Nationwide Nursing Home Claim Experience
For Policy Anniversaries through 2017
All Policies Issued under Policy Form 30225
Expected Claims Based on Current Assumptions

SPLIT BY BENEFIT PERIOD AND DURATION								
Duration	Lifetime Benefit Period			Non-Lifetime Benefit Periods			All	
	Actual	Expected	A/E	Actual	Expected	A/E	Actual	Expected
1	2,071,669	3,870,388	53.5%	1,620,579	2,507,734	64.6%	3,692,248	6,378,122
2	5,439,347	5,399,940	100.7%	2,547,530	3,382,918	75.3%	7,986,878	8,782,858
3	7,749,434	7,272,495	106.6%	5,023,954	4,437,946	113.2%	12,773,388	11,710,441
4	12,505,445	9,466,563	132.1%	6,258,703	5,693,343	109.9%	18,764,148	15,159,905
5	16,154,598	12,115,702	133.3%	7,701,924	7,230,447	106.5%	23,856,521	19,346,149
6	12,647,109	15,205,666	83.2%	10,744,648	9,063,855	118.5%	23,391,757	24,269,521
7	19,825,096	18,816,988	105.4%	11,365,547	11,106,279	102.3%	31,190,643	29,923,267
8	18,810,382	20,875,650	90.1%	10,824,600	12,160,874	89.0%	29,634,983	33,036,524
9	25,414,067	23,316,440	109.0%	12,188,758	13,026,912	93.6%	37,602,826	36,343,352
10	28,113,073	25,983,444	108.2%	13,530,343	13,838,485	97.8%	41,643,415	39,821,929
11	28,081,544	28,972,881	96.9%	17,074,187	14,755,778	115.7%	45,155,731	43,728,659
12	33,435,868	32,365,686	103.3%	16,271,401	15,794,085	103.0%	49,707,270	48,159,771
13	35,339,991	36,176,761	97.7%	15,641,897	16,905,235	92.5%	50,981,888	53,081,997
14	41,526,747	40,254,951	103.2%	15,567,132	18,312,840	85.0%	57,093,879	58,567,791
15	44,751,918	44,618,385	100.3%	20,232,357	19,885,807	101.7%	64,984,275	64,504,192
16	46,376,595	49,249,201	94.2%	21,992,419	21,518,984	102.2%	68,369,014	70,768,185
17	54,407,888	54,389,425	100.0%	22,948,076	23,507,171	97.6%	77,355,964	77,896,597
18	54,250,425	59,738,454	90.8%	23,226,583	25,350,318	91.6%	77,477,008	85,088,772
19	63,142,906	64,766,906	97.5%	26,924,628	26,513,653	101.6%	90,067,534	91,280,559
20	64,720,311	64,885,905	99.7%	28,538,145	25,659,702	111.2%	93,258,456	90,545,607
21	57,975,427	56,657,193	102.3%	21,706,772	22,465,995	96.6%	79,682,198	79,123,188
22	41,283,479	37,337,214	110.6%	17,323,815	14,760,724	117.4%	58,607,294	52,097,938
23	19,329,799	21,984,606	87.9%	6,481,565	8,047,796	80.5%	25,811,364	30,032,402
24	8,767,758	8,676,242	101.1%	3,337,184	2,999,562	111.3%	12,104,941	11,675,803
25	0	9,559	0.0%	0	0	0.0%	0	9,559
Total	742,120,876	742,406,646	100.0%	339,072,747	338,926,441	100.0%	1,081,193,623	1,081,333,087

SPLIT BY ISSUE AGE				
Issue Age	Actual	Expected	A/E	Claim Count
<43	1,031,544	476,886	216.3%	3
43-47	3,080,900	2,697,943	114.2%	18
48-52	25,744,547	25,413,657	101.3%	209
53-57	115,282,266	104,372,310	110.5%	866
58-62	224,346,880	225,800,099	99.4%	2,149
63-67	283,992,899	279,053,178	101.8%	3,333
68-72	223,773,235	230,859,841	96.9%	3,219
73-77	143,225,976	149,240,265	96.0%	2,328
78-82	51,877,808	53,654,809	96.7%	1,021
83+	8,837,567	9,764,098	90.5%	221
Total	1,081,193,623	1,081,333,087	100.0%	13,367

Exhibit 3
RiverSource Life Insurance Company
Long-Term Care Mortality Experience
For Policy Anniversaries in 2000 through Policy Anniversaries in 2017
Experience Includes All Long-Term Care Forms Combined
Expressing Deaths in Terms of Policy Count
Expected Deaths Based on Current Assumptions

SUMMARY BY DURATION				
Duration	Actual Deaths	Expected Deaths	A/E	Difference
1	100	98	102%	2
2	216	218	99%	(2)
3	418	399	105%	19
4	531	544	98%	(13)
5	811	799	101%	12
6	1,130	1,114	101%	16
7	1,473	1,433	103%	40
8	1,733	1,725	100%	8
9	2,155	2,173	99%	(18)
10	2,639	2,651	100%	(12)
11	3,204	3,181	101%	23
12	3,474	3,477	100%	(3)
13	3,658	3,656	100%	2
14	3,791	3,802	100%	(11)
15	3,893	3,972	98%	(79)
16	3,930	3,929	100%	1
17	3,810	3,840	99%	(30)
18	3,677	3,673	100%	4
19	3,271	3,286	100%	(15)
20	2,890	2,894	100%	(4)
21	2,670	2,660	100%	10
22	2,265	2,239	101%	26
23	1,757	1,731	101%	26
24	1,335	1,359	98%	(24)
25	1,008	1,037	97%	(29)
26	735	745	99%	(10)
27	435	415	105%	20
28	73	60	122%	13
Total	57,082	57,112	100%	(30)

SUMMARY BY ISSUE AGE				
Issue Age	Actual Deaths	Expected Deaths	A/E	Difference
<43	34	38	90%	(4)
43-47	209	228	92%	(19)
48-52	1,545	1,572	98%	(27)
53-57	4,768	4,661	102%	107
58-62	10,722	10,761	100%	(39)
63-67	15,081	15,065	100%	16
68-72	13,439	13,466	100%	(27)
73-77	8,027	8,015	100%	12
78-82	2,890	2,930	99%	(40)
83+	367	375	98%	(8)
Total	57,082	57,112	100%	(30)

SUMMARY BY ALL DURATION / ISSUE AGE CELLS			
Actual Deaths	Expected Deaths	A/E	Difference
57,082	57,112	100%	(30)

Exhibit 4
RiverSource Life Insurance Company
Long-Term Care Lapse Experience (Excludes Policy Terminations due to Expiration of Benefits)
For Policy Anniversaries in 2000 through Policy Anniversaries in 2017
Experience Includes All Long-Term Care Forms Combined
Expressing Lapses in Terms of Policy Count
Expected Lapses Based on Current Assumptions

LIFETIME BENEFIT PERIOD																				
Duration	Issue Ages 35-62					Issue Ages 63-72					Issue Ages 73+					All Issue Ages				
	Lapses	Actual Exposure	Rate	Expected Lapse Rate	Actual / Expected	Lapses	Actual Exposure	Rate	Expected Lapse Rate	Actual / Expected	Lapses	Actual Exposure	Rate	Expected Lapse Rate	Actual / Expected	Lapses	Actual Exposure	Rate	Expected Lapse Rate	Actual / Expected
1	1,358	19,350	7.0%	7.0%	100%	263	3,720	7.1%	7.0%	101%	37	516	7.2%	7.2%	100%	1,658	23,585	7.0%	7.0%	100%
2	1,669	25,282	6.6%	6.6%	100%	265	5,631	4.7%	4.8%	99%	30	833	3.6%	3.6%	100%	1,964	31,746	6.2%	6.2%	100%
3	1,552	31,726	4.9%	4.9%	100%	287	7,814	3.7%	3.7%	100%	42	1,169	3.6%	3.6%	100%	1,881	40,709	4.6%	4.6%	100%
4	1,416	38,350	3.7%	3.7%	100%	265	9,674	2.7%	2.8%	100%	29	1,440	2.0%	1.9%	106%	1,710	49,464	3.5%	3.5%	100%
5	1,271	47,402	2.7%	2.7%	100%	254	12,697	2.0%	2.0%	100%	27	1,959	1.4%	1.4%	98%	1,552	62,058	2.5%	2.5%	100%
6	972	51,229	1.9%	1.9%	100%	254	14,944	1.7%	1.7%	100%	31	2,421	1.3%	1.4%	91%	1,257	68,594	1.8%	1.8%	100%
7	787	51,757	1.5%	1.5%	100%	197	16,094	1.2%	1.2%	106%	47	2,693	1.7%	1.4%	125%	1,031	70,544	1.5%	1.4%	102%
8	554	49,966	1.1%	1.1%	100%	196	16,780	1.2%	1.2%	101%	38	2,793	1.4%	1.3%	105%	788	69,539	1.1%	1.1%	100%
9	498	46,551	1.1%	1.1%	100%	187	16,901	1.1%	1.2%	95%	31	2,821	1.1%	1.1%	100%	716	66,273	1.1%	1.1%	99%
10	375	42,022	0.9%	0.9%	100%	211	17,120	1.2%	1.2%	106%	32	2,882	1.1%	1.1%	101%	618	62,025	1.0%	1.0%	102%
11	360	40,973	0.9%	0.9%	100%	200	18,840	1.1%	1.2%	92%	34	3,255	1.0%	1.1%	95%	594	63,067	0.9%	1.0%	97%
12	245	36,470	0.7%	0.7%	103%	155	17,794	0.9%	0.9%	100%	43	2,981	1.4%	1.4%	103%	443	57,245	0.8%	0.8%	102%
13	234	34,465	0.7%	0.7%	104%	144	16,287	0.9%	0.9%	102%	32	2,531	1.3%	1.4%	90%	410	53,283	0.8%	0.8%	102%
14	212	32,699	0.6%	0.7%	100%	119	14,128	0.8%	0.9%	97%	31	1,985	1.6%	1.5%	108%	362	48,812	0.7%	0.7%	99%
15	179	29,749	0.6%	0.7%	93%	116	11,688	1.0%	1.0%	101%	20	1,500	1.3%	1.5%	92%	315	42,937	0.7%	0.8%	96%
16	159	26,526	0.6%	0.6%	100%	96	9,859	1.0%	1.0%	99%	25	1,140	2.2%	1.8%	125%	280	37,524	0.7%	0.7%	102%
17	147	25,596	0.6%	0.6%	96%	91	9,424	1.0%	1.0%	99%	23	975	2.4%	1.8%	135%	261	35,994	0.7%	0.7%	99%
18	134	22,805	0.6%	0.6%	105%	100	8,088	1.2%	1.2%	103%	19	708	2.7%	1.8%	149%	253	31,600	0.8%	0.8%	107%
19	95	19,446	0.5%	0.6%	87%	73	6,264	1.2%	1.2%	97%	6	469	1.3%	1.8%	71%	174	26,178	0.7%	0.7%	90%
20	91	15,558	0.6%	0.6%	104%	61	5,138	1.2%	1.2%	99%	5	327	1.5%	1.9%	80%	157	21,023	0.7%	0.7%	101%
21	79	13,278	0.6%	0.7%	92%	63	5,160	1.2%	1.2%	102%	9	292	3.1%	1.9%	162%	151	18,730	0.8%	0.8%	98%
22	75	9,334	0.8%	0.8%	107%	43	4,492	1.0%	1.2%	80%	9	263	3.4%	2.0%	171%	127	14,088	0.9%	0.9%	98%
23	40	6,007	0.7%	0.8%	83%	37	3,091	1.2%	1.2%	100%	5	145	3.5%	2.0%	173%	82	9,244	0.9%	1.0%	93%
24	38	3,777	1.0%	0.9%	118%	41	2,044	2.0%	1.3%	160%	3	75	4.0%	2.0%	200%	82	5,896	1.4%	1.0%	139%
25	25	2,334	1.1%	0.9%	119%	22	1,281	1.7%	1.3%	137%	2	39	5.1%	2.0%	257%	49	3,655	1.3%	1.0%	130%
26	10	1,767	0.6%	1.0%	60%	14	1,007	1.4%	1.3%	111%	0	30	0.0%	2.0%	0%	24	2,805	0.9%	1.1%	80%
27	10	593	1.7%	1.0%	169%	6	332	1.8%	1.3%	144%	0	7	0.0%	2.0%	0%	16	933	1.7%	1.1%	156%
28	0	99	0.0%	1.0%	0%	0	38	0.0%	1.3%	0%	0	1	0.0%	2.0%	0%	0	139	0.0%	1.1%	0%
All Durations	12,585	725,111	1.7%	1.7%	100%	3,760	256,330	1.5%	1.5%	100%	610	36,249	1.7%	1.6%	105%	16,955	1,017,690	1.7%	1.7%	100%
Durations 8 and later	3,560	460,014	0.8%	0.8%	100%	1,975	185,757	1.1%	1.1%	100%	367	25,218	1.5%	1.4%	107%	5,902	670,989	0.9%	0.9%	100%

NON-LIFETIME BENEFIT PERIODS																				
Duration	Issue Ages 35-62					Issue Ages 63-72					Issue Ages 73+					All Issue Ages				
	Lapses	Actual Exposure	Rate	Expected Lapse Rate	Actual / Expected	Lapses	Actual Exposure	Rate	Expected Lapse Rate	Actual / Expected	Lapses	Actual Exposure	Rate	Expected Lapse Rate	Actual / Expected	Lapses	Actual Exposure	Rate	Expected Lapse Rate	Actual / Expected
1	1,941	28,299	6.9%	6.9%	100%	683	9,710	7.0%	7.0%	100%	116	2,176	5.3%	5.3%	101%	2,740	40,185	6.8%	6.8%	100%
2	2,079	35,117	5.9%	5.9%	100%	644	13,479	4.8%	4.8%	100%	151	3,289	4.6%	4.6%	100%	2,874	51,884	5.5%	5.5%	100%
3	1,599	38,925	4.1%	4.1%	100%	542	16,450	3.3%	3.3%	100%	128	4,198	3.0%	3.1%	100%	2,269	59,572	3.8%	3.8%	100%
4	1,227	40,039	3.1%	3.1%	100%	503	17,692	2.8%	2.8%	100%	133	4,623	2.9%	2.9%	100%	1,863	62,354	3.0%	3.0%	100%
5	977	42,609	2.3%	2.3%	100%	390	20,343	1.9%	1.9%	100%	122	5,582	2.2%	2.1%	104%	1,489	68,535	2.2%	2.2%	100%
6	719	42,322	1.7%	1.7%	100%	406	22,124	1.8%	1.8%	100%	117	6,415	1.8%	1.9%	96%	1,242	70,860	1.8%	1.8%	99%
7	585	39,534	1.5%	1.5%	100%	315	22,297	1.4%	1.4%	100%	113	6,670	1.7%	1.7%	100%	1,013	68,500	1.5%	1.5%	100%
8	437	37,990	1.2%	1.2%	100%	305	22,368	1.4%	1.4%	100%	116	6,590	1.8%	1.7%	104%	858	66,947	1.3%	1.3%	101%
9	384	36,945	1.0%	1.1%	99%	272	21,999	1.2%	1.2%	100%	103	6,301	1.6%	1.7%	96%	759	65,245	1.2%	1.2%	99%
10	275	31,771	0.9%	0.9%	96%	207	20,515	1.0%	1.2%	84%	117	5,862	2.0%	2.0%	101%	599	58,147	1.0%	1.1%	92%
11	264	28,952	0.9%	0.9%	101%	271	20,426	1.3%	1.2%	111%	113	5,733	2.0%	2.0%	100%	648	55,110	1.2%	1.1%	105%
12	255	27,535	0.9%	0.9%	103%	220	19,259	1.1%	1.2%	99%	111	5,039	2.2%	2.1%	105%	586	51,833	1.1%	1.1%	102%
13	213	28,680	0.7%	0.7%	100%	217	18,422	1.2%	1.2%	102%	85	4,364	1.9%	2.1%	93%	515	51,466	1.0%	1.0%	100%
14	205	27,025	0.8%	0.7%	103%	182	16,526	1.1%	1.2%	96%	87	3,502	2.5%	2.2%	113%	474	47,053	1.0%	1.0%	101%
15	166	24,458	0.7%	0.7%	93%	168	14,283	1.2%	1.2%	102%	56	2,641	2.1%	2.2%	96%	390	41,382	0.9%	1.0%	97%
16	143	20,482	0.7%	0.7%	96%	136	11,910	1.1%	1.2%	99%	49	2,040	2.4%	2.5%	96%	328	34,433	1.0%	1.0%	97%
17	122	16,771	0.7%	0.7%	100%	137	10,402	1.3%	1.3%	105%	34	1,641	2.1%	2.5%	83%	293	28,814	1.0%	1.0%	100%
18	120	12,852	0.9%	0.9%	107%	99	8,358	1.2%	1.3%	95%	37	1,175	3.1%	2.5%	126%	256	22,385	1.1%	1.1%	104%
19	77	9,375	0.8%	0.9%	94%	102	6,179	1.7%	1.7%	100%	25	756	3.3%	2.5%	132%	204	16,310	1.3%	1.2%	101%
20	54	7,093	0.8%	0.9%	88%	89	4,855	1.8%	1.9%	99%	13	525	2.5%	2.5%	99%	156	12,473	1.3%	1.3%	95%
21	63	5,952	1.1%	0.9%	118%	81	4,400	1.8%	1.8%	105%	11	402	2.7%	2.5%	109%	155	10,754	1.4%	1.3%	110%
22	40	4,204	1.0%	1.0%	100%	59	3,422	1.7%	1.9%	91%	8	281	2.9%	2.5%	114%	107	7,907	1.4%	1.4%	96%
23	26	2,774	0.9%	1.0%	94%	46	2,324	2.0%	1.9%	104%	6	140	4.3%	2.5%	172%	78	5,238	1.5%	1.4%	103%
24	18	1,818	1.0%	1.1%	90%	25	1,488	1.7%	1.9%	88%	5	67	7.5%	2.5%	299%	48	3,373	1.4%	1.5%	96%
25	18	1,035	1.7%	1.1%	158%	19	938	2.0%	1.9%	107%	0	38	0.0%	2.5%	0%	37	2,010	1.8%	1.5%	123%
26	8	709	1.1%	1.2%	94%	18	653	2.8%	1.9%	145%	2	20	10.1%	2.5%	405%	28	1,383	2.0%	1.5%	131%
27	3	225	1.3%	1.3%	103%	5	200	2.5%	1.9%	132%	0	4	0.0%	2.5%	0%	8	429	1.9%	1.6%	117%
28	3	50	6.0%	1.4%	428%	2	22	9.0%	1.9%	476%	0	0	0.0%	0.0%	0%	5	72	6.9%	1.6%	446%
All Durations	12,021	593,541	2.0%	2.0%	100%	6,143	331,044	1.9%	1.9%	100%	1,858	80,071	2.3%	2.3%	101%	20,022	1,004,656	2.0%	2.0%	100%
Durations 8 and later	2,894	326,697	0.9%	0.9%	100%	2,660	208,948	1.3%	1.3%	100%	978	47,120	2.1%	2.0%	102%	6,532	582,765	1.1%	1.1%	100%

Exhibit 5
RiverSource Life Insurance Company
Lapses and Benefit Reductions¹
Nationwide Experience
Experience Includes All Long-Term Care Forms Combined

Total Lapses in Year of Rate Increase															
Increase Percent	Average Increase	Year of Increase													Weighted Average
		2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	
< 10%	6.9%			0.9%	1.5%	1.3%	0.7%	1.2%	0.9%	0.7%	1.0%	0.3%	1.4%	0.3%	1.1%
10% - 14.9%	10.8%	0.7%	0.0%	1.4%	1.6%	2.0%	1.3%	1.3%	1.1%	1.0%	0.7%	0.7%	0.5%	0.5%	1.2%
15% - 19.9%	15.4%	0.7%	2.5%	1.4%	1.7%	1.8%	1.4%	1.2%	1.2%	1.2%	1.1%	1.1%	1.0%	1.0%	1.4%
20% - 29.9%	22.3%	1.8%	1.6%	1.2%	1.6%	2.5%		4.4%	2.2%	1.6%	1.9%	0.5%	0.6%	0.9%	1.4%
30%+	28.9%	2.9%	2.6%	2.2%	2.9%	2.2%	1.4%	1.1%	0.8%	1.0%		1.4%	0.6%	0.3%	2.5%
Total	16.4%	2.6%	2.4%	1.2%	1.8%	1.9%	1.4%	1.2%	1.2%	1.1%	1.0%	1.0%	0.9%	0.9%	1.5%

Overall Reduction in Benefits in Relation to Rate Increase Percentage															
Increase Percent	Average Increase	Year of Increase													Weighted Average
		2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	
< 10%	6.9%			0.3%	0.2%	0.2%	0.3%	0.3%	0.3%	0.3%	0.3%	0.2%	0.0%	0.0%	0.3%
10% - 14.9%	10.8%	0.6%	1.2%	0.5%	0.4%	0.5%	0.5%	0.5%	0.5%	0.6%	0.4%	0.4%	0.2%	0.3%	0.5%
15% - 19.9%	15.4%	1.1%	0.8%	0.5%	0.7%	0.8%	0.7%	0.8%	0.8%	0.9%	0.8%	0.9%	0.8%	0.8%	0.8%
20% - 29.9%	22.3%	1.6%	1.7%	1.7%	1.3%	2.4%		1.7%	1.0%	1.0%	1.0%	1.3%	1.2%	1.2%	1.4%
30%+	28.9%	2.6%	2.3%	2.1%	2.1%	2.0%	1.5%	1.4%	1.2%	1.0%		1.9%	1.9%	2.1%	2.3%
Total	16.4%	1.4%	1.3%	0.8%	0.7%	0.8%	0.7%	0.8%	0.8%	0.9%	0.7%	0.9%	0.8%	0.8%	0.9%

¹ The total percent reduction in benefit is typically no more than the percentage increase in premium.

Exhibit 6(i)
RiverSource Life Insurance Company
Nationwide Experience for Policies with a Lifetime Benefit Period
Adjusted for Cumulative Prior Approved Premium Rate Increases on a Nationwide Basis
Before Premium Rate Increase
Policy Form 30225

	Calendar Year	Loss Ratios Without Interest			Loss Ratios With Interest			Ending Policies Inforce	Interest Rate	Mid-Year Disc / Accum Factor
		Earned Premiums	Incurred Claims	Loss Ratio	Earned Premiums	Incurred Claims	Loss Ratio			
Historical Experience	1992	145	0	0.0%	455	0	0.0%	8	4.50%	3.1407
	1993	1,702,224	145,660	8.6%	5,115,922	437,771	8.6%	5,550	4.50%	3.0054
	1994	8,247,547	1,029,658	12.5%	23,720,061	2,961,311	12.5%	14,654	4.50%	2.8760
	1995	16,963,256	2,360,966	13.9%	46,685,703	6,497,772	13.9%	25,988	4.50%	2.7522
	1996	27,360,036	4,863,138	17.8%	72,056,815	12,807,814	17.8%	41,596	4.50%	2.6337
	1997	38,956,199	4,985,170	12.8%	98,179,016	12,563,831	12.8%	51,766	4.50%	2.5202
	1998	45,501,631	9,225,298	20.3%	109,736,921	22,248,781	20.3%	53,680	4.50%	2.4117
	1999	44,507,444	12,459,040	28.0%	102,716,963	28,753,723	28.0%	51,414	4.50%	2.3079
	2000	42,702,347	11,198,523	26.2%	94,307,227	24,731,700	26.2%	49,656	4.50%	2.2085
	2001	41,130,325	15,783,157	38.4%	86,923,875	33,355,758	38.4%	48,234	4.50%	2.1134
	2002	39,865,752	22,645,775	56.8%	80,623,308	45,798,140	56.8%	47,051	4.50%	2.0224
	2003	38,603,184	23,762,815	61.6%	74,708,065	45,987,759	61.6%	45,946	4.50%	1.9353
	2004	37,612,268	22,637,942	60.2%	69,655,848	41,924,222	60.2%	45,005	4.50%	1.8519
	2005	37,991,166	19,765,539	52.0%	67,327,796	35,028,411	52.0%	43,526	4.50%	1.7722
	2006	44,375,905	30,213,827	68.1%	75,256,274	51,239,069	68.1%	42,296	4.50%	1.6959
	2007	42,976,543	33,365,379	77.6%	69,744,614	54,147,106	77.6%	41,318	4.50%	1.6229
	2008	42,256,965	34,043,631	80.6%	65,623,775	52,868,718	80.6%	40,064	4.50%	1.5530
	2009	44,918,668	37,083,965	82.6%	66,753,414	55,110,301	82.6%	38,675	4.50%	1.4861
	2010	46,584,397	36,842,789	79.1%	66,247,699	52,394,153	79.1%	37,508	4.50%	1.4221
	2011	46,120,463	54,355,320	117.9%	62,763,578	73,970,080	117.9%	36,307	4.50%	1.3609
	2012	47,190,557	51,125,213	108.3%	61,454,381	66,578,326	108.3%	35,070	4.50%	1.3023
1/1/2018-6/30/2018	2013	45,683,926	58,351,736	127.7%	56,930,483	72,716,880	127.7%	33,863	4.50%	1.2462
	2014	48,263,677	62,610,237	129.7%	57,555,332	74,663,873	129.7%	32,664	4.50%	1.1925
7/1/2018-12/31/2018	2015	46,591,227	69,401,166	149.0%	53,168,330	79,198,260	149.0%	31,442	4.50%	1.1412
	2016	48,048,671	79,220,166	164.9%	52,470,350	86,510,402	164.9%	30,163	4.50%	1.0920
Projected Future Experience	2017	47,809,551	83,703,948	175.1%	49,960,981	87,470,626	175.1%	28,883	4.50%	1.0450
	2018	23,453,498	44,739,749	190.8%	23,713,011	45,234,794	190.8%	28,287	4.50%	1.0111
Projected Future Experience	2019	23,972,308	49,218,898	205.3%	23,709,957	48,680,251	205.3%	27,309	4.50%	0.9891
	2020	46,138,594	104,376,794	226.2%	44,151,764	99,882,100	226.2%	25,876	4.50%	0.9569
	2021	42,940,166	111,968,759	260.8%	39,321,596	102,533,146	260.8%	24,391	4.50%	0.9157
	2022	39,742,517	119,548,370	300.8%	34,826,233	104,759,830	300.8%	22,865	4.50%	0.8763
	2023	36,569,422	126,637,994	346.3%	30,665,704	106,193,726	346.3%	21,314	4.50%	0.8386
	2024	33,451,008	133,118,287	398.0%	26,842,796	106,820,908	398.0%	19,756	4.50%	0.8025
	2025	30,420,618	138,893,044	456.6%	23,359,863	106,655,377	456.6%	18,209	4.50%	0.7679
	2026	27,507,235	143,739,200	522.6%	20,213,099	105,623,654	522.6%	16,686	4.50%	0.7348
	2027	24,732,995	147,628,308	596.9%	17,391,874	103,810,031	596.9%	15,202	4.50%	0.7032
	2028	22,109,388	150,606,653	681.2%	14,877,505	101,343,884	681.2%	13,763	4.50%	0.6729
	2029	19,639,045	152,400,862	776.0%	12,646,125	98,135,134	776.0%	12,374	4.50%	0.6439
	2030	17,327,210	152,855,363	882.2%	10,677,005	94,189,282	882.2%	11,044	4.50%	0.6162
	2031	15,182,966	151,975,257	1001.0%	8,952,846	89,614,317	1001.0%	9,785	4.50%	0.5897
	2032	13,208,133	149,707,462	1133.4%	7,452,975	84,475,675	1133.4%	8,600	4.50%	0.5643
	2033	11,402,229	145,932,956	1279.9%	6,156,894	78,799,836	1279.9%	7,497	4.50%	0.5400
	2034	9,768,735	140,665,539	1440.0%	5,047,705	72,684,760	1440.0%	6,484	4.50%	0.5167
	2035	8,307,087	133,916,694	1612.1%	4,107,600	66,217,697	1612.1%	5,563	4.50%	0.4945
	2036	7,010,595	125,839,044	1795.0%	3,317,248	59,544,064	1795.0%	4,734	4.50%	0.4732
	2037	5,870,205	116,607,627	1986.4%	2,658,031	52,799,977	1986.4%	3,994	4.50%	0.4528
	2038	4,875,774	106,446,206	2183.2%	2,112,682	46,123,331	2183.2%	3,340	4.50%	0.4333
	2039	4,016,347	95,800,296	2385.3%	1,665,350	39,722,909	2385.3%	2,768	4.50%	0.4146
	2040	3,280,404	85,122,584	2594.9%	1,301,623	33,775,571	2594.9%	2,274	4.50%	0.3968
	2041	2,656,122	74,742,953	2814.0%	1,008,532	28,379,965	2814.0%	1,850	4.50%	0.3797
	2042	2,131,630	64,902,403	3044.7%	774,528	23,582,297	3044.7%	1,491	4.50%	0.3634
	2043	1,695,255	55,795,014	3291.2%	589,446	19,400,120	3291.2%	1,189	4.50%	0.3477
	2044	1,335,758	47,519,145	3557.5%	444,447	15,811,074	3557.5%	940	4.50%	0.3327
	2045	1,042,538	40,082,842	3844.7%	331,947	12,762,476	3844.7%	735	4.50%	0.3184
	2046	805,782	33,462,688	4152.8%	245,515	10,195,792	4152.8%	568	4.50%	0.3047
	2047	616,566	27,620,283	4479.7%	179,772	8,053,265	4479.7%	435	4.50%	0.2916
	2048	466,909	22,505,529	4820.1%	130,275	6,279,381	4820.1%	329	4.50%	0.2790
	2049	349,795	18,078,947	5168.4%	93,395	4,827,079	5168.4%	246	4.50%	0.2670
	2050	259,146	14,305,816	5520.4%	66,212	3,655,171	5520.4%	182	4.50%	0.2555
	2051	189,772	11,148,731	5874.8%	46,399	2,725,864	5874.8%	133	4.50%	0.2445
	2052	137,299	8,554,194	6230.3%	32,124	2,001,435	6230.3%	96	4.50%	0.2340
	2053	98,089	6,474,056	6600.2%	21,962	1,449,515	6600.2%	68	4.50%	0.2239
	2054	69,156	4,833,446	6989.2%	14,817	1,035,587	6989.2%	48	4.50%	0.2143
	2055	48,080	3,557,800	7399.7%	9,858	729,449	7399.7%	33	4.50%	0.2050
	2056	32,932	2,579,448	7832.6%	6,461	506,086	7832.6%	22	4.50%	0.1962
	2057	22,193	1,839,521	8288.6%	4,167	345,371	8288.6%	15	4.50%	0.1878
	2058	14,691	1,288,041	8767.8%	2,639	231,416	8767.8%	10	4.50%	0.1797
	Past Future Lifetime	9,530	883,452	9270.7%	1,638	151,891	9270.7%	6	4.50%	0.1719
Past Future Lifetime		995,417,572	825,919,810	83.0%	1,693,400,193	1,165,199,581	68.8%			
		459,454,223	3,223,180,508	701.5%	345,460,611	1,944,508,695	562.9%			
		1,454,871,795	4,049,100,318	278.3%	2,038,860,803	3,109,708,276	152.5%			

Exhibit 6(i)
RiverSource Life Insurance Company
Nationwide Experience for Policies with a Lifetime Benefit Period
Adjusted for Cumulative Prior Approved Premium Rate Increases on a Nationwide Basis
With Requested Premium Rate Increase, Spread Over Three Years
Policy Form 30225

	Calendar Year	Loss Ratios Without Interest			Loss Ratios With Interest			Ending Policies Inforce	Interest Rate	Mid-Year Disc / Accum Factor
		Earned Premiums	Incurred Claims	Loss Ratio	Earned Premiums	Incurred Claims	Loss Ratio			
Historical Experience	1992	145	0	0.0%	455	0	0.0%	8	4.50%	3.1407
	1993	1,702,224	145,660	8.6%	5,115,922	437,771	8.6%	5,550	4.50%	3.0054
	1994	8,247,547	1,029,658	12.5%	23,720,061	2,961,311	12.5%	14,654	4.50%	2.8760
	1995	16,963,256	2,360,966	13.9%	46,685,703	6,497,772	13.9%	25,988	4.50%	2.7522
	1996	27,360,036	4,863,138	17.8%	72,056,815	12,807,814	17.8%	41,596	4.50%	2.6337
	1997	38,956,199	4,985,170	12.8%	98,179,016	12,563,831	12.8%	51,766	4.50%	2.5202
	1998	45,501,631	9,225,298	20.3%	109,736,921	22,248,781	20.3%	53,680	4.50%	2.4117
	1999	44,507,444	12,459,040	28.0%	102,716,963	28,753,723	28.0%	51,414	4.50%	2.3079
	2000	42,702,347	11,198,523	26.2%	94,307,227	24,731,700	26.2%	49,656	4.50%	2.2085
	2001	41,130,325	15,783,157	38.4%	86,923,875	33,355,758	38.4%	48,234	4.50%	2.1134
	2002	39,865,752	22,645,775	56.8%	80,623,308	45,798,140	56.8%	47,051	4.50%	2.0224
	2003	38,603,184	23,762,815	61.6%	74,708,065	45,987,759	61.6%	45,946	4.50%	1.9353
	2004	37,612,268	22,637,942	60.2%	69,655,848	41,924,222	60.2%	45,005	4.50%	1.8519
	2005	37,991,166	19,765,539	52.0%	67,327,796	35,028,411	52.0%	43,526	4.50%	1.7722
	2006	44,375,905	30,213,827	68.1%	75,256,274	51,239,069	68.1%	42,296	4.50%	1.6959
	2007	42,976,543	33,365,379	77.6%	69,744,614	54,147,106	77.6%	41,318	4.50%	1.6229
	2008	42,256,965	34,043,631	80.6%	65,623,775	52,868,718	80.6%	40,064	4.50%	1.5530
	2009	44,918,668	37,083,965	82.6%	66,753,414	55,110,301	82.6%	38,675	4.50%	1.4861
	2010	46,584,397	36,842,789	79.1%	66,247,699	52,394,153	79.1%	37,508	4.50%	1.4221
	2011	46,120,463	54,355,320	117.9%	62,763,578	73,970,080	117.9%	36,307	4.50%	1.3609
	2012	47,190,557	51,125,213	108.3%	61,454,381	66,578,326	108.3%	35,070	4.50%	1.3023
	2013	45,683,926	58,351,736	127.7%	56,930,483	72,716,880	127.7%	33,863	4.50%	1.2462
	2014	48,263,677	62,610,237	129.7%	57,555,332	74,663,873	129.7%	32,664	4.50%	1.1925
	2015	46,591,227	69,401,166	149.0%	53,168,330	79,198,260	149.0%	31,442	4.50%	1.1412
	2016	48,048,671	79,220,166	164.9%	52,470,350	86,510,402	164.9%	30,163	4.50%	1.0920
	2017	47,809,551	83,703,948	175.1%	49,960,981	87,470,626	175.1%	28,883	4.50%	1.0450
	1/1/2018-6/30/2018	23,453,498	44,739,749	190.8%	23,713,011	45,234,794	190.8%	28,287	4.50%	1.0111
Projected Future Experience	7/1/2018-12/31/2018	23,972,308	49,218,898	205.3%	23,709,957	48,680,251	205.3%	27,309	4.50%	0.9891
	2019	47,971,361	104,103,438	217.0%	45,905,608	99,620,515	217.0%	25,539	4.50%	0.9569
	2020	51,247,157	111,374,626	217.3%	46,928,556	101,989,081	217.3%	24,023	4.50%	0.9157
	2021	55,953,221	116,148,883	207.6%	49,031,618	101,780,872	207.6%	22,520	4.50%	0.8763
	2022	57,746,759	123,253,845	213.4%	48,424,200	103,355,910	213.4%	20,993	4.50%	0.8386
	2023	52,963,650	129,411,584	244.3%	42,500,736	103,846,461	244.3%	19,459	4.50%	0.8025
	2024	48,165,596	134,869,176	280.0%	36,986,156	103,565,465	280.0%	17,934	4.50%	0.7679
	2025	43,552,793	139,426,110	320.1%	32,003,832	102,454,274	320.1%	16,435	4.50%	0.7348
	2026	39,160,291	143,058,317	365.3%	27,536,934	100,596,481	365.3%	14,973	4.50%	0.7032
	2027	35,006,288	145,812,836	416.5%	23,555,886	98,118,103	416.5%	13,556	4.50%	0.6729
	2028	31,094,950	147,427,951	474.1%	20,022,899	94,932,939	474.1%	12,187	4.50%	0.6439
	2029	27,434,576	147,755,645	538.6%	16,905,151	91,046,842	538.6%	10,878	4.50%	0.6162
	2030	24,039,550	146,803,161	610.7%	14,175,254	86,564,519	610.7%	9,637	4.50%	0.5897
	2031	20,912,755	144,521,028	691.1%	11,800,474	81,549,118	691.1%	8,470	4.50%	0.5643
	2032	18,053,423	140,795,991	779.9%	9,748,359	76,026,014	779.9%	7,384	4.50%	0.5400
	2033	15,467,071	135,642,939	877.0%	7,992,152	70,089,480	877.0%	6,386	4.50%	0.5167
	2034	13,152,804	129,074,014	981.3%	6,503,658	63,823,140	981.3%	5,479	4.50%	0.4945
	2035	11,100,035	121,236,677	1092.2%	5,252,274	57,366,333	1092.2%	4,662	4.50%	0.4732
	2036	9,294,426	112,299,551	1208.2%	4,208,519	50,849,278	1208.2%	3,934	4.50%	0.4528
	2037	7,719,918	102,477,858	1327.4%	3,345,054	44,403,839	1327.4%	3,290	4.50%	0.4333
	2038	6,359,166	92,199,685	1449.9%	2,636,783	38,229,941	1449.9%	2,727	4.50%	0.4146
	2039	5,193,930	81,899,592	1576.8%	2,060,886	32,496,728	1576.8%	2,239	4.50%	0.3968
	2040	4,205,489	71,893,844	1709.5%	1,596,828	27,298,156	1709.5%	1,822	4.50%	0.3797
	2041	3,375,049	62,413,080	1849.2%	1,226,324	22,677,801	1849.2%	1,468	4.50%	0.3634
	2042	2,684,127	53,642,799	1998.5%	933,280	18,651,787	1998.5%	1,171	4.50%	0.3477
	2043	2,114,928	45,676,514	2159.7%	703,701	15,197,974	2159.7%	925	4.50%	0.3327
	2044	1,650,667	38,521,027	2333.7%	525,577	12,265,191	2333.7%	724	4.50%	0.3184
	2045	1,275,808	32,153,023	2520.2%	388,728	9,796,749	2520.2%	560	4.50%	0.3047
	2046	976,218	26,534,865	2718.1%	284,637	7,736,789	2718.1%	429	4.50%	0.2916
	2047	739,264	21,617,807	2924.2%	206,266	6,031,693	2924.2%	324	4.50%	0.2790
	2048	553,836	17,363,392	3135.1%	147,874	4,636,026	3135.1%	243	4.50%	0.2670
	2049	410,310	13,737,828	3348.2%	104,835	3,510,048	3348.2%	179	4.50%	0.2555
	2050	300,469	10,704,815	3562.7%	73,465	2,617,326	3562.7%	131	4.50%	0.2445
	2051	217,387	8,212,682	3777.9%	50,862	1,921,531	3777.9%	94	4.50%	0.2340
	2052	155,306	6,214,954	4001.8%	34,772	1,391,503	4001.8%	67	4.50%	0.2239
	2053	109,495	4,639,562	4237.2%	23,460	994,047	4237.2%	47	4.50%	0.2143
	2054	76,126	3,414,783	4485.7%	15,608	700,127	4485.7%	33	4.50%	0.2050
	2055	52,142	2,475,554	4747.7%	10,230	485,702	4747.7%	22	4.50%	0.1962
	2056	35,139	1,765,293	5023.7%	6,597	331,435	5023.7%	15	4.50%	0.1878
	2057	23,260	1,235,977	5313.8%	4,179	222,062	5313.8%	10	4.50%	0.1797
	2058	15,088	847,686	5618.2%	2,594	145,741	5618.2%	6	4.50%	0.1719
Past Future Lifetime	Past	995,417,572	825,919,810	83.0%	1,693,400,193	1,165,199,581	68.8%			
	Future	664,532,136	3,121,877,290	469.8%	487,574,766	1,887,997,272	387.2%			
	Lifetime	1,659,949,708	3,947,797,100	237.8%	2,180,974,959	3,053,196,853	140.0%			

Exhibit 6(ii)
RiverSource Life Insurance Company
Nationwide Experience for Policies with Non-Lifetime Benefit Periods
Adjusted for Cumulative Prior Approved Premium Rate Increases on a Nationwide Basis
Before Premium Rate Increase
Policy Form 30225

	Calendar Year	Loss Ratios Without Interest			Loss Ratios With Interest			Ending Policies Inforce	Interest Rate	Mid-Year Disc / Accum Factor
		Earned Premiums	Incurred Claims	Loss Ratio	Earned Premiums	Incurred Claims	Loss Ratio			
Historical Experience	1992	0	0	0.0%	0	0	0.0%	0	4.50%	3.1407
	1993	1,206,801	1,852	0.2%	3,626,960	5,567	0.2%	3,955	4.50%	3.0054
	1994	5,809,156	786,299	13.5%	16,707,214	2,261,408	13.5%	10,048	4.50%	2.8760
	1995	12,172,164	1,615,263	13.3%	33,499,821	4,445,472	13.3%	17,842	4.50%	2.7522
	1996	19,450,168	2,308,511	11.9%	51,224,975	6,079,814	11.9%	26,709	4.50%	2.6337
	1997	25,614,004	3,002,212	11.7%	64,553,466	7,566,297	11.7%	31,070	4.50%	2.5202
	1998	28,649,553	5,487,133	19.2%	69,094,530	13,233,396	19.2%	31,839	4.50%	2.4117
	1999	27,910,071	7,085,528	25.4%	64,412,545	16,352,409	25.4%	30,276	4.50%	2.3079
	2000	26,534,459	8,994,320	33.9%	58,600,789	19,863,764	33.9%	28,989	4.50%	2.2085
	2001	25,320,502	9,616,696	38.0%	53,511,761	20,323,701	38.0%	28,036	4.50%	2.1134
	2002	24,252,276	10,998,021	45.3%	49,047,079	22,242,070	45.3%	27,100	4.50%	2.0224
	2003	23,180,037	13,283,215	57.3%	44,859,918	25,706,774	57.3%	26,228	4.50%	1.9353
	2004	22,219,767	12,386,575	55.7%	41,149,784	22,939,255	55.7%	25,382	4.50%	1.8519
	2005	20,689,912	12,086,688	58.4%	36,666,581	21,419,982	58.4%	24,195	4.50%	1.7722
	2006	23,588,023	15,861,208	67.2%	40,002,490	26,898,728	67.2%	23,188	4.50%	1.6959
	2007	22,310,077	15,144,706	67.9%	36,205,976	24,577,632	67.9%	22,284	4.50%	1.6229
	2008	21,338,276	17,051,513	79.9%	33,137,690	26,480,478	79.9%	21,206	4.50%	1.5530
	2009	22,103,880	19,124,209	86.5%	32,848,469	28,420,395	86.5%	20,089	4.50%	1.4861
	2010	22,361,815	18,145,093	81.1%	31,800,751	25,804,148	81.1%	19,097	4.50%	1.4221
	2011	21,504,612	23,755,546	110.5%	29,264,806	32,328,016	110.5%	18,139	4.50%	1.3609
	2012	21,470,910	21,385,267	99.6%	27,960,710	27,849,180	99.6%	17,216	4.50%	1.3023
Projected Future Experience	2013	20,319,737	23,356,106	114.9%	25,322,089	29,105,958	114.9%	16,301	4.50%	1.2462
	2014	20,909,638	26,568,214	127.1%	24,935,132	31,683,090	127.1%	15,371	4.50%	1.1925
	2015	19,632,073	28,811,881	146.8%	22,403,457	32,879,142	146.8%	14,434	4.50%	1.1412
	2016	19,567,345	30,410,843	155.4%	21,368,030	33,209,401	155.4%	13,522	4.50%	1.0920
	2017	18,896,899	38,041,018	201.3%	19,747,260	39,752,864	201.3%	12,628	4.50%	1.0450
	1/1/2018-6/30/2018	9,048,912	16,298,165	180.1%	9,149,038	16,478,504	180.1%	12,229	4.50%	1.0111
	7/1/2018-12/31/2018	9,097,840	16,969,933	186.5%	8,998,274	16,784,215	186.5%	11,574	4.50%	0.9891
	2019	16,997,324	34,658,195	203.9%	16,265,382	33,165,736	203.9%	10,642	4.50%	0.9569
	2020	15,190,448	35,429,587	233.2%	13,910,348	32,443,934	233.2%	9,729	4.50%	0.9157
	2021	13,493,313	36,062,957	267.3%	11,824,144	31,601,847	267.3%	8,837	4.50%	0.8763
	2022	11,906,473	36,422,587	305.9%	9,984,308	30,542,573	305.9%	7,971	4.50%	0.8386
	2023	10,431,683	36,494,807	349.8%	8,370,915	29,285,296	349.8%	7,135	4.50%	0.8025
	2024	9,071,952	36,248,931	399.6%	6,966,313	27,835,400	399.6%	6,336	4.50%	0.7679
	2025	7,829,089	35,617,039	454.9%	5,753,038	26,172,414	454.9%	5,580	4.50%	0.7348
	2026	6,704,139	34,628,845	516.5%	4,714,251	24,350,489	516.5%	4,874	4.50%	0.7032
	2027	5,696,686	33,362,918	585.7%	3,833,325	22,450,055	585.7%	4,222	4.50%	0.6729
	2028	4,802,825	31,839,414	662.9%	3,092,672	20,502,280	662.9%	3,626	4.50%	0.6439
	2029	4,017,035	30,067,094	748.5%	2,475,292	18,527,305	748.5%	3,087	4.50%	0.6162
	2030	3,332,717	28,118,087	843.7%	1,965,183	16,580,220	843.7%	2,606	4.50%	0.5897
	2031	2,742,023	26,040,347	949.7%	1,547,246	14,693,829	949.7%	2,179	4.50%	0.5643
	2032	2,236,707	23,870,695	1067.2%	1,207,761	12,889,527	1067.2%	1,806	4.50%	0.5400
	2033	1,808,980	21,638,737	1196.2%	934,737	11,181,178	1196.2%	1,484	4.50%	0.5167
	2034	1,450,988	19,386,491	1336.1%	717,469	9,586,025	1336.1%	1,208	4.50%	0.4945
	2035	1,154,252	17,149,853	1485.8%	546,165	8,114,905	1485.8%	976	4.50%	0.4732
	2036	910,450	14,966,381	1643.8%	412,252	6,776,783	1643.8%	780	4.50%	0.4528
	2037	711,904	12,871,108	1808.0%	308,469	5,577,074	1808.0%	618	4.50%	0.4333
	2038	551,689	10,915,235	1978.5%	228,754	4,525,924	1978.5%	485	4.50%	0.4146
	2039	423,621	9,137,919	2157.1%	168,088	3,625,811	2157.1%	377	4.50%	0.3968
	2040	322,242	7,552,401	2343.7%	122,356	2,867,653	2343.7%	290	4.50%	0.3797
	2041	242,788	6,162,672	2538.3%	88,217	2,239,208	2538.3%	221	4.50%	0.3634
	2042	181,148	4,971,901	2744.7%	62,986	1,728,747	2744.7%	167	4.50%	0.3477
	2043	133,822	3,968,321	2965.4%	44,527	1,320,382	2965.4%	124	4.50%	0.3327
	2044	97,865	3,135,191	3203.6%	31,160	998,253	3203.6%	92	4.50%	0.3184
	2045	70,838	2,451,206	3460.3%	21,584	746,861	3460.3%	67	4.50%	0.3047
	2046	50,741	1,894,929	3734.5%	14,795	552,506	3734.5%	48	4.50%	0.2916
	2047	35,960	1,446,542	4022.7%	10,033	403,607	4022.7%	35	4.50%	0.2790
	2048	25,207	1,090,196	4324.9%	6,730	291,082	4324.9%	24	4.50%	0.2670
	2049	17,473	810,262	4637.3%	4,464	207,024	4637.3%	17	4.50%	0.2555
	2050	11,972	593,195	4954.7%	2,927	145,036	4954.7%	12	4.50%	0.2445
	2051	8,107	428,172	5281.7%	1,897	100,180	5281.7%	8	4.50%	0.2340
	2052	5,422	305,051	5626.0%	1,214	68,300	5626.0%	5	4.50%	0.2239
	2053	3,581	214,496	5989.9%	767	45,957	5989.9%	4	4.50%	0.2143
	2054	2,334	148,786	6374.9%	479	30,505	6374.9%	2	4.50%	0.2050
	2055	1,500	101,747	6782.3%	294	19,963	6782.3%	1	4.50%	0.1962
	2056	950	68,530	7213.1%	178	12,867	7213.1%	1	4.50%	0.1878
	2057	592	45,397	7667.6%	106	8,156	7667.6%	1	4.50%	0.1797
	2058	362	29,518	8145.4%	62	5,075	8145.4%	0	4.50%	0.1719
Past Future Lifetime	Past	526,061,065	381,606,082	72.5%	941,101,319	557,907,443	59.3%			
	Future	131,775,043	617,315,675	468.5%	104,639,163	419,004,185	400.4%			
	Lifetime	657,836,109	998,921,757	151.8%	1,045,740,482	976,911,628	93.4%			

Exhibit 6(ii)
RiverSource Life Insurance Company
Nationwide Experience for Policies with Non-Lifetime Benefit Periods
Adjusted for Cumulative Prior Approved Premium Rate Increases on a Nationwide Basis
With Requested Premium Rate Increase, Spread Over Three Years
Policy Form 30225

	Calendar Year	Loss Ratios Without Interest			Loss Ratios With Interest			Ending Policies Inforce	Interest Rate	Mid-Year Disc / Accum Factor
		Earned Premiums	Incurred Claims	Loss Ratio	Earned Premiums	Incurred Claims	Loss Ratio			
Historical Experience	1992	0	0	0.0%	0	0	0.0%	0	4.50%	3.1407
	1993	1,206,801	1,852	0.2%	3,626,960	5,567	0.2%	3,955	4.50%	3.0054
	1994	5,809,156	786,299	13.5%	16,707,214	2,261,408	13.5%	10,048	4.50%	2.8760
	1995	12,172,164	1,615,263	13.3%	33,499,821	4,445,472	13.3%	17,842	4.50%	2.7522
	1996	19,450,168	2,308,511	11.9%	51,224,975	6,079,814	11.9%	26,709	4.50%	2.6337
	1997	25,614,004	3,002,212	11.7%	64,553,466	7,566,297	11.7%	31,070	4.50%	2.5202
	1998	28,649,553	5,487,133	19.2%	69,094,530	13,233,396	19.2%	31,839	4.50%	2.4117
	1999	27,910,071	7,085,528	25.4%	64,412,545	16,352,409	25.4%	30,276	4.50%	2.3079
	2000	26,534,459	8,994,320	33.9%	58,600,789	19,863,764	33.9%	28,989	4.50%	2.2085
	2001	25,320,502	9,616,696	38.0%	53,511,761	20,323,701	38.0%	28,036	4.50%	2.1134
	2002	24,252,276	10,998,021	45.3%	49,047,079	22,242,070	45.3%	27,100	4.50%	2.0224
	2003	23,180,037	13,283,215	57.3%	44,859,918	25,706,774	57.3%	26,228	4.50%	1.9353
	2004	22,219,767	12,386,575	55.7%	41,149,784	22,939,255	55.7%	25,382	4.50%	1.8519
	2005	20,689,912	12,086,688	58.4%	36,666,581	21,419,982	58.4%	24,195	4.50%	1.7722
	2006	23,588,023	15,861,208	67.2%	40,002,490	26,898,728	67.2%	23,188	4.50%	1.6959
	2007	22,310,077	15,144,706	67.9%	36,205,976	24,577,632	67.9%	22,284	4.50%	1.6229
	2008	21,338,276	17,051,513	79.9%	33,137,690	26,480,478	79.9%	21,206	4.50%	1.5530
	2009	22,103,880	19,124,209	86.5%	32,848,469	28,420,395	86.5%	20,089	4.50%	1.4861
	2010	22,361,815	18,145,093	81.1%	31,800,751	25,804,148	81.1%	19,097	4.50%	1.4221
	2011	21,504,612	23,755,546	110.5%	29,264,806	32,328,016	110.5%	18,139	4.50%	1.3609
	2012	21,470,910	21,385,267	99.6%	27,960,710	27,849,180	99.6%	17,216	4.50%	1.3023
Projected Future Experience	2013	20,319,737	23,356,106	114.9%	25,322,089	29,105,958	114.9%	16,301	4.50%	1.2462
	2014	20,909,638	26,568,214	127.1%	24,935,132	31,683,090	127.1%	15,371	4.50%	1.1925
	2015	19,632,073	28,811,881	146.8%	22,403,457	32,879,142	146.8%	14,434	4.50%	1.1412
	2016	19,567,345	30,410,843	155.4%	21,368,030	33,209,401	155.4%	13,522	4.50%	1.0920
	2017	18,896,899	38,041,018	201.3%	19,747,260	39,752,864	201.3%	12,628	4.50%	1.0450
	1/1/2018-6/30/2018	9,048,912	16,298,165	180.1%	9,149,038	16,478,504	180.1%	12,229	4.50%	1.0111
	7/1/2018-12/31/2018	9,097,840	16,969,933	186.5%	8,998,274	16,784,215	186.5%	11,574	4.50%	0.9891
	2019	17,426,044	34,545,163	198.2%	16,675,640	33,057,573	198.2%	10,503	4.50%	0.9569
	2020	17,109,859	35,150,433	205.4%	15,668,011	32,188,304	205.4%	9,581	4.50%	0.9157
	2021	17,170,061	34,868,006	203.1%	15,046,066	30,554,715	203.1%	8,703	4.50%	0.8763
	2022	16,502,655	35,228,142	213.5%	13,838,488	29,540,958	213.5%	7,850	4.50%	0.8386
	2023	14,489,354	35,271,203	243.4%	11,626,998	28,303,413	243.4%	7,027	4.50%	0.8025
	2024	12,600,793	35,007,355	277.8%	9,676,095	26,881,999	277.8%	6,240	4.50%	0.7679
	2025	10,874,536	34,373,811	316.1%	7,990,918	25,258,855	316.1%	5,496	4.50%	0.7348
	2026	9,312,036	33,399,601	358.7%	6,548,086	23,486,103	358.7%	4,800	4.50%	0.7032
	2027	7,912,723	32,160,583	406.4%	5,324,507	21,640,999	406.4%	4,158	4.50%	0.6729
	2028	6,671,175	30,676,317	459.8%	4,295,754	19,753,330	459.8%	3,571	4.50%	0.6439
	2029	5,579,726	28,955,295	518.9%	3,438,220	17,842,216	518.9%	3,041	4.50%	0.6162
	2030	4,629,214	27,066,910	584.7%	2,729,680	15,960,379	584.7%	2,566	4.50%	0.5897
	2031	3,808,741	25,057,215	657.9%	2,149,164	14,139,076	657.9%	2,146	4.50%	0.5643
	2032	3,106,852	22,961,505	739.1%	1,677,616	12,398,589	739.1%	1,779	4.50%	0.5400
	2033	2,512,733	20,808,059	828.1%	1,298,380	10,751,949	828.1%	1,461	4.50%	0.5167
	2034	2,015,474	18,637,056	924.7%	996,590	9,215,452	924.7%	1,190	4.50%	0.4945
	2035	1,603,301	16,482,758	1028.1%	758,644	7,799,252	1028.1%	961	4.50%	0.4732
	2036	1,264,652	14,381,001	1137.2%	572,635	6,511,722	1137.2%	769	4.50%	0.4528
	2037	988,866	12,365,202	1250.4%	428,477	5,357,864	1250.4%	609	4.50%	0.4333
	2038	766,321	10,484,313	1368.1%	317,750	4,347,245	1368.1%	478	4.50%	0.4146
	2039	588,430	8,775,727	1491.4%	233,481	3,482,098	1491.4%	372	4.50%	0.3968
	2040	447,610	7,251,974	1620.2%	169,958	2,753,581	1620.2%	286	4.50%	0.3797
	2041	337,245	5,916,721	1754.4%	122,538	2,149,841	1754.4%	218	4.50%	0.3634
	2042	251,624	4,772,877	1896.8%	87,491	1,659,546	1896.8%	164	4.50%	0.3477
	2043	185,885	3,809,030	2049.1%	61,850	1,267,381	2049.1%	123	4.50%	0.3327
	2044	135,940	3,009,023	2213.5%	43,284	958,081	2213.5%	91	4.50%	0.3184
	2045	98,398	2,352,334	2390.6%	29,981	716,736	2390.6%	66	4.50%	0.3047
	2046	70,482	1,818,331	2579.8%	20,551	530,172	2579.8%	48	4.50%	0.2916
	2047	49,950	1,387,955	2778.7%	13,937	387,260	2778.7%	34	4.50%	0.2790
	2048	35,014	1,045,963	2987.2%	9,349	279,272	2987.2%	24	4.50%	0.2670
	2049	24,271	777,333	3202.8%	6,201	198,611	3202.8%	17	4.50%	0.2555
	2050	16,630	569,052	3421.8%	4,066	139,133	3421.8%	12	4.50%	0.2445
	2051	11,261	410,721	3647.4%	2,635	96,097	3647.4%	8	4.50%	0.2340
	2052	7,532	292,602	3884.9%	1,686	65,512	3884.9%	5	4.50%	0.2239
	2053	4,974	205,732	4136.0%	1,066	44,079	4136.0%	3	4.50%	0.2143
	2054	3,242	142,700	4401.6%	665	29,258	4401.6%	2	4.50%	0.2050
	2055	2,084	97,581	4682.7%	409	19,145	4682.7%	1	4.50%	0.1962
	2056	1,320	65,722	4979.9%	248	12,339	4979.9%	1	4.50%	0.1878
	2057	822	43,535	5293.5%	148	7,822	5293.5%	1	4.50%	0.1797
	2058	503	28,306	5623.1%	87	4,867	5623.1%	0	4.50%	0.1719
Past Future Lifetime	Past	526,061,065	381,606,082	72.5%	941,101,319	557,907,443	59.3%			
	Future	167,716,172	597,623,080	356.3%	130,865,622	406,575,041	310.7%			
	Lifetime	693,777,238	979,229,163	141.1%	1,071,966,941	964,482,484	90.0%			

Exhibit 6(iii)
RiverSource Life Insurance Company
Nationwide Experience for All Policies
Adjusted for Cumulative Prior Approved Premium Rate Increases on a Nationwide Basis
Before Premium Rate Increase
Policy Form 30225

	Calendar Year	Loss Ratios Without Interest			Loss Ratios With Interest			Ending Policies Inforce	Interest Rate	Mid-Year Disc / Accum Factor
		Earned Premiums	Incurred Claims	Loss Ratio	Earned Premiums	Incurred Claims	Loss Ratio			
Historical Experience	1992	145	0	0.0%	455	0	0.0%	8	4.50%	3.1407
	1993	2,909,024	147,512	5.1%	8,742,882	443,337	5.1%	9,505	4.50%	3.0054
	1994	14,056,704	1,815,958	12.9%	40,427,275	5,222,719	12.9%	24,702	4.50%	2.8760
	1995	29,135,421	3,976,229	13.6%	80,185,524	10,943,244	13.6%	43,830	4.50%	2.7522
	1996	46,810,205	7,171,649	15.3%	123,281,790	18,887,628	15.3%	68,305	4.50%	2.6337
	1997	64,570,203	7,987,382	12.4%	162,732,482	20,130,128	12.4%	82,836	4.50%	2.5202
	1998	74,151,184	14,712,431	19.8%	178,831,450	35,482,177	19.8%	85,519	4.50%	2.4117
	1999	72,417,515	19,544,568	27.0%	167,129,509	45,106,132	27.0%	81,690	4.50%	2.3079
	2000	69,236,806	20,192,843	29.2%	152,908,016	44,595,464	29.2%	78,645	4.50%	2.2085
	2001	66,450,827	25,399,853	38.2%	140,435,636	53,679,460	38.2%	76,270	4.50%	2.1134
	2002	64,118,028	33,643,796	52.5%	129,670,387	68,040,210	52.5%	74,151	4.50%	2.0224
	2003	61,783,221	37,046,031	60.0%	119,567,983	71,694,533	60.0%	72,174	4.50%	1.9353
	2004	59,832,034	35,024,517	58.5%	110,805,632	64,863,476	58.5%	70,387	4.50%	1.8519
	2005	58,681,077	31,852,227	54.3%	103,994,376	56,448,393	54.3%	67,721	4.50%	1.7722
	2006	67,963,928	46,075,035	67.8%	115,258,763	78,137,797	67.8%	65,484	4.50%	1.6959
	2007	65,286,620	48,510,084	74.3%	105,950,589	78,724,738	74.3%	63,602	4.50%	1.6229
	2008	63,595,241	51,095,144	80.3%	98,761,465	79,349,196	80.3%	61,270	4.50%	1.5530
	2009	67,022,548	56,208,175	83.9%	99,601,883	83,530,696	83.9%	58,764	4.50%	1.4861
	2010	68,946,212	54,987,882	79.8%	98,048,450	78,198,301	79.8%	56,605	4.50%	1.4221
	2011	67,625,076	78,110,866	115.5%	92,028,384	106,298,096	115.5%	54,446	4.50%	1.3609
	2012	68,661,467	72,510,480	105.6%	89,415,090	94,427,506	105.6%	52,286	4.50%	1.3023
Projected Future Experience	2013	66,003,663	81,707,843	123.8%	82,252,572	101,822,838	123.8%	50,164	4.50%	1.2462
	2014	69,173,315	89,178,452	128.9%	82,490,464	106,346,962	128.9%	48,035	4.50%	1.1925
	2015	66,223,301	98,213,047	148.3%	75,571,787	112,077,402	148.3%	45,876	4.50%	1.1412
	2016	67,616,016	109,631,009	162.1%	73,838,380	119,719,803	162.1%	43,685	4.50%	1.0920
	2017	66,706,450	121,744,966	182.5%	69,708,240	127,223,490	182.5%	41,511	4.50%	1.0450
	1/1/2018-6/30/2018	32,502,410	61,037,914	187.8%	32,862,049	61,713,298	187.8%	40,516	4.50%	1.0111
	7/1/2018-12/31/2018	33,070,147	66,188,831	200.1%	32,708,231	65,464,467	200.1%	38,883	4.50%	0.9891
	2019	63,135,918	139,034,989	220.2%	60,417,146	133,047,836	220.2%	36,517	4.50%	0.9569
	2020	58,130,615	147,398,346	253.6%	53,231,945	134,977,080	253.6%	34,120	4.50%	0.9157
	2021	53,235,830	155,611,326	292.3%	46,650,377	136,361,677	292.3%	31,702	4.50%	0.8763
	2022	48,475,895	163,060,581	336.4%	40,650,012	136,736,300	336.4%	29,285	4.50%	0.8386
	2023	43,882,691	169,613,094	386.5%	35,213,712	136,106,205	386.5%	26,892	4.50%	0.8025
	2024	39,492,570	175,141,976	443.5%	30,326,176	134,490,777	443.5%	24,545	4.50%	0.7679
	2025	35,336,324	179,356,239	507.6%	25,966,137	131,796,068	507.6%	22,266	4.50%	0.7348
	2026	31,437,134	182,257,153	579.8%	22,106,125	128,160,519	579.8%	20,076	4.50%	0.7032
	2027	27,806,074	183,969,571	661.6%	18,710,830	123,793,939	661.6%	17,985	4.50%	0.6729
	2028	24,441,870	184,240,276	753.8%	15,738,797	118,637,414	753.8%	15,999	4.50%	0.6439
	2029	21,344,244	182,922,457	857.0%	13,152,296	112,716,587	857.0%	14,131	4.50%	0.6162
	2030	18,515,683	180,093,344	972.7%	10,918,029	106,194,537	972.7%	12,390	4.50%	0.5897
	2031	15,950,156	175,747,809	1101.9%	9,000,221	99,169,504	1101.9%	10,779	4.50%	0.5643
	2032	13,638,935	169,803,651	1245.0%	7,364,655	91,689,363	1245.0%	9,303	4.50%	0.5400
	2033	11,577,715	162,304,276	1401.9%	5,982,442	83,865,937	1401.9%	7,968	4.50%	0.5167
	2034	9,758,074	153,303,185	1571.0%	4,825,068	75,803,722	1571.0%	6,772	4.50%	0.4945
	2035	8,164,848	142,988,897	1751.3%	3,863,413	67,658,970	1751.3%	5,709	4.50%	0.4732
	2036	6,780,655	131,574,009	1940.4%	3,070,283	59,576,760	1940.4%	4,774	4.50%	0.4528
	2037	5,587,679	119,317,314	2135.4%	2,421,151	51,700,406	2135.4%	3,959	4.50%	0.4333
	2038	4,568,036	106,715,532	2336.1%	1,894,104	44,248,833	2336.1%	3,254	4.50%	0.4146
	2039	3,704,026	94,260,503	2544.8%	1,469,711	37,401,382	2544.8%	2,651	4.50%	0.3968
	2040	2,978,364	82,295,354	2763.1%	1,130,888	31,247,619	2763.1%	2,140	4.50%	0.3797
	2041	2,374,418	71,065,075	2992.9%	862,745	25,821,504	2992.9%	1,712	4.50%	0.3634
	2042	1,876,403	60,766,915	3238.5%	652,432	21,128,868	3238.5%	1,356	4.50%	0.3477
	2043	1,469,579	51,487,466	3503.6%	488,974	17,131,455	3503.6%	1,064	4.50%	0.3327
	2044	1,140,403	43,218,033	3789.7%	363,107	13,760,729	3789.7%	827	4.50%	0.3184
	2045	876,620	35,913,894	4096.9%	267,099	10,942,654	4096.9%	636	4.50%	0.3047
	2046	667,307	29,515,212	4423.0%	194,567	8,605,771	4423.0%	484	4.50%	0.2916
	2047	502,869	23,952,071	4763.1%	140,308	6,682,987	4763.1%	364	4.50%	0.2790
	2048	375,002	19,169,143	5111.7%	100,126	5,118,162	5111.7%	271	4.50%	0.2670
	2049	276,619	15,116,079	5464.6%	70,677	3,862,195	5464.6%	199	4.50%	0.2555
	2050	201,745	11,741,926	5820.2%	49,327	2,870,900	5820.2%	145	4.50%	0.2445
	2051	145,406	8,982,366	6177.5%	34,021	2,101,615	6177.5%	104	4.50%	0.2340
	2052	103,511	6,779,108	6549.1%	23,176	1,517,814	6549.1%	73	4.50%	0.2239
	2053	72,737	5,047,943	6940.0%	15,584	1,081,544	6940.0%	51	4.50%	0.2143
	2054	50,414	3,706,586	7352.3%	10,336	759,955	7352.3%	35	4.50%	0.2050
	2055	34,432	2,681,195	7786.9%	6,756	526,048	7786.9%	24	4.50%	0.1962
	2056	23,144	1,908,051	8244.4%	4,345	358,237	8244.4%	16	4.50%	0.1878
	2057	15,283	1,333,437	8725.2%	2,746	239,573	8725.2%	10	4.50%	0.1797
	2058	9,892	912,970	9229.5%	1,701	156,966	9229.5%	7	4.50%	0.1719
Past Future Lifetime	Past	1,521,478,637	1,207,525,892	79.4%	2,634,501,512	1,723,107,024	65.4%			
	Future	591,229,266	3,840,496,183	649.6%	450,099,773	2,363,512,880	525.1%			
	Lifetime	2,112,707,903	5,048,022,075	238.9%	3,084,601,286	4,086,619,904	132.5%			

Exhibit 6(iii)
RiverSource Life Insurance Company
Nationwide Experience for All Policies
Adjusted for Cumulative Prior Approved Premium Rate Increases on a Nationwide Basis
With Requested Premium Rate Increase, Spread Over Three Years
Policy Form 30225

	Calendar Year	Loss Ratios Without Interest			Loss Ratios With Interest			Ending Policies Inforce	Interest Rate	Mid-Year Disc / Accum Factor
		Earned Premiums	Incurred Claims	Loss Ratio	Earned Premiums	Incurred Claims	Loss Ratio			
Historical Experience	1992	145	0	0.0%	455	0	0.0%	8	4.50%	3.1407
	1993	2,909,024	147,512	5.1%	8,742,882	443,337	5.1%	9,505	4.50%	3.0054
	1994	14,056,704	1,815,958	12.9%	40,427,275	5,222,719	12.9%	24,702	4.50%	2.8760
	1995	29,135,421	3,976,229	13.6%	80,185,524	10,943,244	13.6%	43,830	4.50%	2.7522
	1996	46,810,205	7,171,649	15.3%	123,281,790	18,887,628	15.3%	68,305	4.50%	2.6337
	1997	64,570,203	7,987,382	12.4%	162,732,482	20,130,128	12.4%	82,836	4.50%	2.5202
	1998	74,151,184	14,712,431	19.8%	178,831,450	35,482,177	19.8%	85,519	4.50%	2.4117
	1999	72,417,515	19,544,568	27.0%	167,129,509	45,106,132	27.0%	81,690	4.50%	2.3079
	2000	69,236,806	20,192,843	29.2%	152,908,016	44,595,464	29.2%	78,645	4.50%	2.2085
	2001	66,450,827	25,399,853	38.2%	140,435,636	53,679,460	38.2%	76,270	4.50%	2.1134
	2002	64,118,028	33,643,796	52.5%	129,670,387	68,040,210	52.5%	74,151	4.50%	2.0224
	2003	61,783,221	37,046,031	60.0%	119,567,983	71,694,533	60.0%	72,174	4.50%	1.9353
	2004	59,832,034	35,024,517	58.5%	110,805,632	64,863,476	58.5%	70,387	4.50%	1.8519
	2005	58,681,077	31,852,227	54.3%	103,994,376	56,448,393	54.3%	67,721	4.50%	1.7722
	2006	67,963,928	46,075,035	67.8%	115,258,763	78,137,797	67.8%	65,484	4.50%	1.6959
	2007	65,286,620	48,510,084	74.3%	105,950,589	78,724,738	74.3%	63,602	4.50%	1.6229
	2008	63,595,241	51,095,144	80.3%	98,761,465	79,349,196	80.3%	61,270	4.50%	1.5530
	2009	67,022,548	56,208,175	83.9%	99,601,883	83,530,696	83.9%	58,764	4.50%	1.4861
	2010	68,946,212	54,987,882	79.8%	98,048,450	78,198,301	79.8%	56,605	4.50%	1.4221
	2011	67,625,076	78,110,866	115.5%	92,028,384	106,298,096	115.5%	54,446	4.50%	1.3609
	2012	68,661,467	72,510,480	105.6%	89,415,090	94,427,506	105.6%	52,286	4.50%	1.3023
Projected Future Experience	2013	66,003,663	81,707,843	123.8%	82,252,572	101,822,838	123.8%	50,164	4.50%	1.2462
	2014	69,173,315	89,178,452	128.9%	82,490,464	106,346,962	128.9%	48,035	4.50%	1.1925
	2015	66,223,301	98,213,047	148.3%	75,571,787	112,077,402	148.3%	45,876	4.50%	1.1412
	2016	67,616,016	109,631,009	162.1%	73,838,380	119,719,803	162.1%	43,685	4.50%	1.0920
	2017	66,706,450	121,744,966	182.5%	69,708,240	127,223,490	182.5%	41,511	4.50%	1.0450
	1/1/2018-6/30/2018	32,502,410	61,037,914	187.8%	32,862,049	61,713,298	187.8%	40,516	4.50%	1.0111
	7/1/2018-12/31/2018	33,070,147	66,188,831	200.1%	32,708,231	65,464,467	200.1%	38,883	4.50%	0.9891
	2019	65,397,405	138,648,602	212.0%	62,581,249	132,678,088	212.0%	36,042	4.50%	0.9569
	2020	68,357,016	146,525,059	214.4%	62,596,567	134,177,385	214.4%	33,605	4.50%	0.9157
	2021	73,123,282	151,016,889	206.5%	64,077,684	132,335,587	206.5%	31,223	4.50%	0.8763
	2022	74,249,414	158,481,988	213.4%	62,262,688	132,896,868	213.4%	28,843	4.50%	0.8386
	2023	67,453,004	164,682,787	244.1%	54,127,734	132,149,875	244.1%	26,486	4.50%	0.8025
	2024	60,766,389	169,876,530	279.6%	46,662,251	130,447,464	279.6%	24,175	4.50%	0.7679
	2025	54,427,329	173,799,922	319.3%	39,994,750	127,713,128	319.3%	21,930	4.50%	0.7348
	2026	48,472,328	176,457,919	364.0%	34,085,020	124,082,584	364.0%	19,773	4.50%	0.7032
	2027	42,919,011	177,973,419	414.7%	28,880,393	119,759,102	414.7%	17,714	4.50%	0.6729
	2028	37,766,125	178,104,268	471.6%	24,318,653	114,686,268	471.6%	15,758	4.50%	0.6439
	2029	33,014,302	176,710,940	535.3%	20,343,372	108,889,058	535.3%	13,918	4.50%	0.6162
	2030	28,668,765	173,870,071	606.5%	16,904,935	102,524,898	606.5%	12,204	4.50%	0.5897
	2031	24,721,495	169,578,243	686.0%	13,949,639	95,688,194	686.0%	10,617	4.50%	0.5643
	2032	21,160,275	163,757,496	773.9%	11,425,974	88,424,604	773.9%	9,163	4.50%	0.5400
	2033	17,979,804	156,450,999	870.1%	9,290,532	80,841,429	870.1%	7,848	4.50%	0.5167
	2034	15,168,278	147,711,070	973.8%	7,500,248	73,038,593	973.8%	6,670	4.50%	0.4945
	2035	12,703,336	137,719,435	1084.1%	6,010,919	65,165,584	1084.1%	5,623	4.50%	0.4732
	2036	10,559,078	126,680,551	1199.7%	4,781,154	57,361,000	1199.7%	4,702	4.50%	0.4528
	2037	8,708,784	114,843,060	1318.7%	3,773,532	49,761,703	1318.7%	3,899	4.50%	0.4333
	2038	7,125,487	102,683,997	1441.1%	2,954,532	42,577,186	1441.1%	3,205	4.50%	0.4146
	2039	5,782,360	90,675,319	1568.1%	2,294,368	35,978,826	1568.1%	2,611	4.50%	0.3968
	2040	4,653,099	79,145,818	1700.9%	1,766,786	30,051,737	1700.9%	2,108	4.50%	0.3797
	2041	3,712,293	68,329,802	1840.6%	1,348,862	24,827,642	1840.6%	1,686	4.50%	0.3634
	2042	2,935,751	58,415,675	1989.8%	1,020,771	20,311,333	1989.8%	1,336	4.50%	0.3477
	2043	2,300,813	49,485,544	2150.8%	765,551	16,465,355	2150.8%	1,048	4.50%	0.3327
	2044	1,786,607	41,530,051	2324.5%	568,860	13,223,271	2324.5%	814	4.50%	0.3184
	2045	1,374,205	34,505,356	2510.9%	418,709	10,513,484	2510.9%	626	4.50%	0.3047
	2046	1,046,700	28,353,196	2708.8%	305,187	8,266,961	2708.8%	476	4.50%	0.2916
	2047	789,214	23,005,762	2915.0%	220,203	6,418,953	2915.0%	358	4.50%	0.2790
	2048	588,850	18,409,355	3126.3%	157,223	4,915,298	3126.3%	267	4.50%	0.2670
	2049	434,581	14,515,161	3340.0%	111,036	3,708,659	3340.0%	196	4.50%	0.2555
	2050	317,099	11,273,867	3555.3%	77,531	2,756,459	3555.3%	142	4.50%	0.2445
	2051	228,648	8,623,403	3771.5%	53,497	2,017,628	3771.5%	102	4.50%	0.2340
	2052	162,838	6,507,556	3996.3%	36,459	1,457,015	3996.3%	72	4.50%	0.2239
	2053	114,469	4,845,294	4232.8%	24,526	1,038,126	4232.8%	51	4.50%	0.2143
	2054	79,368	3,557,483	4482.3%	16,273	729,384	4482.3%	35	4.50%	0.2050
	2055	54,226	2,573,135	4745.2%	10,639	504,847	4745.2%	24	4.50%	0.1962
	2056	36,459	1,831,014	5022.1%	6,845	343,774	5022.1%	16	4.50%	0.1878
	2057	24,082	1,279,512	5313.1%	4,327	229,884	5313.1%	10	4.50%	0.1797
	2058	15,592	875,991	5618.4%	2,681	150,608	5618.4%	7	4.50%	0.1719
Past Future Lifetime	Past	1,521,478,637	1,207,525,892	79.4%	2,634,501,512	1,723,107,024	65.4%			
	Future	832,248,309	3,719,500,370	446.9%	618,440,388	2,294,572,312	371.0%			
	Lifetime	2,353,726,945	4,927,026,263	209.3%	3,252,941,900	4,017,679,336	123.5%			

Exhibit 7
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Premium Rates with First 18.1% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Daily Benefit

LIFETIME BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		Simple Benefit Increase Option		Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	74.20	54.86	138.72	103.20	174.22	129.08
41	74.20	54.86	138.72	103.20	174.22	129.08
42	74.20	54.86	138.72	103.20	174.22	129.08
43	74.20	54.86	138.72	103.20	174.22	129.08
44	74.20	54.86	138.72	103.20	174.22	129.08
45	74.20	54.86	138.72	103.20	174.22	129.08
46	80.68	61.32	145.16	109.66	183.92	138.72
47	80.68	61.32	148.38	109.66	187.08	138.72
48	83.86	61.32	151.60	112.92	190.34	141.98
49	83.86	64.54	151.60	116.18	193.56	145.16
50	87.16	64.54	154.86	116.18	196.84	148.38
51	90.36	67.74	161.28	122.62	203.26	154.86
52	96.80	71.00	167.80	125.80	212.90	161.28
53	100.00	74.20	174.22	132.26	222.58	167.80
54	106.48	80.68	183.92	138.72	235.52	177.42
55	119.34	90.36	203.26	154.86	261.34	196.84
56	129.08	100.00	222.58	170.98	283.88	222.58
57	141.98	109.66	241.94	187.08	309.74	238.72
58	158.06	122.62	267.76	203.26	338.72	261.34
59	177.42	132.26	293.54	222.58	374.28	283.88
60	196.84	154.86	322.60	254.84	409.70	322.60
61	219.40	177.42	364.56	296.82	458.12	371.00
62	241.94	190.34	396.80	316.16	503.28	396.80
63	277.46	225.82	454.90	367.74	574.22	464.56
64	312.94	245.20	509.72	400.04	641.96	506.50
65	348.42	283.88	558.08	454.90	703.24	574.22
66	380.70	303.28	600.06	480.66	758.12	606.48
67	422.64	335.48	661.28	525.86	829.12	658.12
68	464.56	380.70	719.38	587.14	900.04	732.30
69	522.60	412.92	800.06	635.50	996.88	790.38
70	577.48	458.12	877.46	696.80	999.98	864.56
71	632.36	500.02	948.42	751.68	999.98	925.86
72	693.58	551.64	999.98	825.86	999.98	999.98
73	770.98	619.36	999.98	909.72	999.98	999.98
74	848.42	683.94	999.98	996.88	999.98	999.98
75	942.00	748.44	999.98	999.98	999.98	999.98
76	999.98	832.30	999.98	999.98	999.98	999.98
77	999.98	938.78	999.98	999.98	999.98	999.98
78	999.98	999.98	999.98	999.98	999.98	999.98
79	999.98	999.98	999.98	999.98	999.98	999.98

Exhibit 7
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Premium Rates with First 13.1% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Daily Benefit

4 YEAR BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		Simple Benefit Increase Option		Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	55.64	40.18	98.84	71.06	123.62	89.60
41	55.64	40.18	98.84	71.06	123.62	89.60
42	55.64	40.18	98.84	71.06	123.62	89.60
43	55.64	40.18	98.84	71.06	123.62	89.60
44	55.64	40.18	98.84	71.06	123.62	89.60
45	55.64	40.18	98.84	71.06	123.62	89.60
46	58.72	43.28	101.98	74.14	129.78	92.70
47	61.82	43.28	105.02	74.14	132.86	95.78
48	61.82	43.28	105.02	77.26	132.86	95.78
49	61.82	46.30	108.14	80.32	135.98	98.84
50	64.88	46.30	111.26	80.32	139.02	98.84
51	68.00	49.42	114.30	86.54	151.38	108.14
52	71.06	49.42	117.44	86.54	154.46	111.26
53	74.14	52.54	123.62	89.60	157.62	114.30
54	80.32	55.64	129.78	92.70	166.84	120.48
55	86.54	61.82	142.10	101.98	185.36	132.86
56	95.78	71.06	157.62	114.30	200.86	148.30
57	105.02	77.26	169.92	126.66	216.28	160.70
58	117.44	86.54	188.50	135.98	237.94	173.02
59	129.78	92.70	207.00	148.30	262.62	188.50
60	145.18	108.14	228.62	173.02	287.32	216.28
61	160.70	126.66	256.44	197.76	321.30	250.28
62	179.16	135.98	278.06	213.18	352.18	265.72
63	203.90	157.62	318.24	247.16	401.64	312.04
64	228.62	173.02	355.30	268.80	451.08	339.84
65	256.44	200.86	392.36	305.88	494.30	386.18
66	278.06	213.18	420.18	324.40	531.42	407.86
67	312.04	237.94	463.42	352.18	583.92	441.80
68	342.96	265.72	506.68	392.36	633.32	491.22
69	383.12	290.46	559.22	426.32	698.22	531.42
70	423.30	321.30	614.82	466.48	763.10	580.84
71	463.42	352.18	664.24	503.62	818.76	621.02
72	512.90	389.30	726.06	553.06	880.52	670.46
73	568.46	435.66	794.06	611.76	951.62	732.24
74	624.08	482.00	868.18	670.46	999.98	790.94
75	695.18	528.30	960.86	729.16	999.98	843.44
76	775.46	587.00	999.98	797.10	999.98	914.52
77	865.10	661.14	999.98	892.90	999.98	999.98
78	957.78	729.16	999.98	970.08	999.98	999.98
79	999.98	803.30	999.98	999.98	999.98	999.98
80		874.34		999.98		999.98
81		948.46		999.98		999.98
82		999.98		999.98		999.98
83		999.98		999.98		999.98
84		999.98		999.98		999.98

Exhibit 7
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Premium Rates with First 13.1% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Daily Benefit

3 YEAR BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		Simple Benefit Increase Option		Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	49.42	37.10	86.54	64.88	108.14	80.32
41	49.42	37.10	86.54	64.88	108.14	80.32
42	49.42	37.10	86.54	64.88	108.14	80.32
43	49.42	37.10	86.54	64.88	108.14	80.32
44	49.42	37.10	86.54	64.88	108.14	80.32
45	49.42	37.10	86.54	64.88	108.14	80.32
46	52.54	40.18	89.60	68.00	114.30	86.54
47	52.54	40.18	92.70	71.06	117.44	89.60
48	55.64	40.18	95.78	71.06	120.48	89.60
49	55.64	43.28	95.78	74.14	120.48	92.70
50	58.72	43.28	98.84	74.14	123.62	92.70
51	61.82	46.30	101.98	77.26	129.78	101.98
52	61.82	46.30	105.02	80.32	132.86	105.02
53	68.00	49.42	111.26	83.48	142.10	111.26
54	71.06	52.54	117.44	89.60	148.30	114.30
55	77.26	58.72	126.66	95.78	163.74	123.62
56	86.54	64.88	139.02	108.14	179.16	135.98
57	95.78	74.14	151.38	117.44	194.66	151.38
58	105.02	80.32	169.92	129.78	216.28	163.74
59	117.44	89.60	185.36	142.10	237.94	179.16
60	129.78	101.98	203.90	160.70	259.56	203.90
61	145.18	117.44	228.62	185.36	287.32	231.72
62	160.70	126.66	250.28	197.76	318.24	250.28
63	185.36	148.30	290.46	234.84	364.60	293.46
64	207.00	163.74	321.30	253.36	404.76	318.24
65	228.62	188.50	352.18	287.32	441.80	361.46
66	250.28	200.86	376.94	302.78	472.76	380.02
67	281.12	222.44	417.08	330.62	525.24	417.08
68	312.04	253.36	457.28	370.78	571.60	466.48
69	346.02	275.00	503.62	401.64	627.18	500.50
70	380.02	302.78	553.06	438.74	685.90	543.78
71	414.00	327.48	593.18	469.62	729.16	577.78
72	460.34	367.66	655.02	522.14	794.06	630.28
73	512.90	414.00	719.88	577.78	865.10	695.18
74	562.32	451.08	781.64	630.28	920.70	741.46
75	624.08	494.30	861.98	682.80	997.92	794.06
76	692.08	546.86	939.24	744.62	999.98	852.78
77	778.58	624.08	999.98	840.36	999.98	948.46
78	868.18	692.08	999.98	920.70	999.98	999.98
79	936.12	753.90	999.98	994.86	999.98	999.98
80		809.48		999.98		999.98
81		874.34		999.98		999.98
82		939.24		999.98		999.98
83		999.98		999.98		999.98
84		999.98		999.98		999.98

Exhibit 7
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Minneapolis, MN 55474

Premium Rates with First 13.1% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Daily Benefit

2 YEAR BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		Simple Benefit Increase Option		Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	43.28	30.88	74.14	55.64	92.70	68.00
41	43.28	30.88	74.14	55.64	92.70	68.00
42	43.28	30.88	74.14	55.64	92.70	68.00
43	43.28	30.88	74.14	55.64	92.70	68.00
44	43.28	30.88	74.14	55.64	92.70	68.00
45	43.28	30.88	74.14	55.64	92.70	68.00
46	43.28	33.98	77.26	58.72	95.78	71.06
47	46.30	33.98	80.32	58.72	98.84	74.14
48	46.30	33.98	80.32	58.72	98.84	74.14
49	46.30	33.98	80.32	58.72	101.98	77.26
50	49.42	37.10	83.48	61.82	105.02	83.48
51	49.42	37.10	86.54	64.88	108.14	86.54
52	52.54	40.18	89.60	68.00	114.30	89.60
53	55.64	43.28	92.70	71.06	117.44	92.70
54	58.72	43.28	98.84	74.14	126.66	92.70
55	64.88	49.42	108.14	80.32	139.02	105.02
56	74.14	52.54	120.48	86.54	154.46	111.26
57	80.32	61.82	129.78	98.84	166.84	126.66
58	89.60	68.00	142.10	108.14	182.28	139.02
59	98.84	74.14	157.62	120.48	197.76	151.38
60	114.30	83.48	179.16	132.86	225.56	166.84
61	123.62	92.70	194.66	145.18	244.06	182.28
62	139.02	105.02	219.32	166.84	278.06	210.12
63	157.62	114.30	244.06	179.16	308.96	225.56
64	182.28	129.78	281.12	203.90	355.30	256.44
65	200.86	145.18	305.88	222.44	386.18	281.12
66	225.56	160.70	339.84	244.06	426.32	305.88
67	247.16	176.14	367.66	259.56	463.42	327.48
68	271.88	197.76	401.64	290.46	500.50	361.46
69	296.64	213.18	432.60	308.96	540.62	386.18
70	321.30	234.84	463.42	339.84	574.68	420.18
71	352.18	256.44	503.62	364.60	621.02	448.00
72	383.12	278.06	543.78	395.46	661.14	478.88
73	417.08	305.88	580.84	429.46	698.22	515.94
74	457.28	336.76	633.32	466.48	747.68	549.94
75	503.62	364.60	695.18	503.62	803.30	583.92
76	556.12	404.76	756.94	549.94	871.24	630.28
77	617.96	451.08	834.20	608.62	936.12	685.90
78	679.76	497.44	905.24	664.24	999.98	738.38
79	744.62	543.78	985.52	716.80	999.98	797.10
80		593.18		772.42		855.80
81		648.80		834.20		923.80
82		707.50		899.08		994.86
83		772.42		970.08		999.98
84		843.44		999.98		999.98

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Premium Rates Per \$10 Daily Benefit

LIFETIME BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		Simple Benefit Increase Option		Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	87.60	64.76	163.76	121.82	205.66	152.38
41	87.60	64.76	163.76	121.82	205.66	152.38
42	87.60	64.76	163.76	121.82	205.66	152.38
43	87.60	64.76	163.76	121.82	205.66	152.38
44	87.60	64.76	163.76	121.82	205.66	152.38
45	87.60	64.76	163.76	121.82	205.66	152.38
46	95.24	72.38	171.36	129.46	217.12	163.76
47	95.24	72.38	175.16	129.46	220.84	163.76
48	99.00	72.38	178.96	133.30	224.70	167.60
49	99.00	76.18	178.96	137.14	228.50	171.36
50	102.88	76.18	182.80	137.14	232.36	175.16
51	106.66	79.96	190.38	144.74	239.94	182.80
52	114.26	83.82	198.08	148.50	251.32	190.38
53	118.04	87.60	205.66	156.12	262.74	198.08
54	125.70	95.24	217.12	163.76	278.02	209.44
55	140.88	106.66	239.94	182.80	308.50	232.36
56	152.38	118.04	262.74	201.84	335.12	262.74
57	167.60	129.46	285.60	220.84	365.64	281.80
58	186.58	144.74	316.08	239.94	399.84	308.50
59	209.44	156.12	346.52	262.74	441.82	335.12
60	232.36	182.80	380.82	300.84	483.64	380.82
61	259.00	209.44	430.36	350.38	540.80	437.96
62	285.60	224.70	468.42	373.22	594.10	468.42
63	327.54	266.58	537.00	434.10	677.86	548.40
64	369.42	289.46	601.70	472.24	757.82	597.90
65	411.30	335.12	658.80	537.00	830.16	677.86
66	449.40	358.02	708.36	567.40	894.94	715.94
67	498.92	396.02	780.62	620.76	978.76	776.90
68	548.40	449.40	849.20	693.10	999.98	864.46
69	616.92	487.44	944.44	750.18	999.98	933.02
70	681.70	540.80	999.98	822.56	999.98	999.98
71	746.48	590.26	999.98	887.34	999.98	999.98
72	818.76	651.20	999.98	974.90	999.98	999.98
73	910.12	731.14	999.98	999.98	999.98	999.98
74	999.98	807.38	999.98	999.98	999.98	999.98
75	999.98	883.52	999.98	999.98	999.98	999.98
76	999.98	982.50	999.98	999.98	999.98	999.98
77	999.98	999.98	999.98	999.98	999.98	999.98
78	999.98	999.98	999.98	999.98	999.98	999.98
79	999.98	999.98	999.98	999.98	999.98	999.98

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Premium Rates Per \$10 Daily Benefit

4 YEAR BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		Simple Benefit Increase Option		Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	62.90	45.42	111.74	80.34	139.76	101.30
41	62.90	45.42	111.74	80.34	139.76	101.30
42	62.90	45.42	111.74	80.34	139.76	101.30
43	62.90	45.42	111.74	80.34	139.76	101.30
44	62.90	45.42	111.74	80.34	139.76	101.30
45	62.90	45.42	111.74	80.34	139.76	101.30
46	66.38	48.94	115.30	83.82	146.72	104.80
47	69.90	48.94	118.74	83.82	150.20	108.28
48	69.90	48.94	118.74	87.34	150.20	108.28
49	69.90	52.34	122.26	90.80	153.74	111.74
50	73.36	52.34	125.78	90.80	157.16	111.74
51	76.88	55.88	129.22	97.84	171.14	122.26
52	80.34	55.88	132.78	97.84	174.62	125.78
53	83.82	59.40	139.76	101.30	178.20	129.22
54	90.80	62.90	146.72	104.80	188.62	136.20
55	97.84	69.90	160.66	115.30	209.56	150.20
56	108.28	80.34	178.20	129.22	227.08	167.66
57	118.74	87.34	192.10	143.20	244.52	181.68
58	132.78	97.84	213.10	153.74	269.00	195.60
59	146.72	104.80	234.02	167.66	296.90	213.10
60	164.14	122.26	258.46	195.60	324.82	244.52
61	181.68	143.20	289.92	223.58	363.24	282.96
62	202.54	153.74	314.36	241.02	398.16	300.40
63	230.52	178.20	359.78	279.42	454.08	352.78
64	258.46	195.60	401.68	303.90	509.96	384.20
65	289.92	227.08	443.58	345.82	558.84	436.60
66	314.36	241.02	475.04	366.76	600.80	461.10
67	352.78	269.00	523.92	398.16	660.16	499.48
68	387.74	300.40	572.82	443.58	716.00	555.34
69	433.14	328.38	632.22	481.98	789.38	600.80
70	478.56	363.24	695.08	527.38	862.72	656.66
71	523.92	398.16	750.96	569.36	925.64	702.10
72	579.86	440.12	820.84	625.26	995.48	757.98
73	642.68	492.54	897.72	691.62	999.98	827.84
74	705.56	544.92	981.52	757.98	999.98	894.20
75	785.94	597.26	999.98	824.36	999.98	953.56
76	876.70	663.64	999.98	901.16	999.98	999.98
77	978.04	747.46	999.98	999.98	999.98	999.98
78	999.98	824.36	999.98	999.98	999.98	999.98
79	999.98	908.16	999.98	999.98	999.98	999.98
80		988.48		999.98		999.98
81		999.98		999.98		999.98
82		999.98		999.98		999.98
83		999.98		999.98		999.98
84		999.98		999.98		999.98

Exhibit 7
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Premium Rates with Second 13.1% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Daily Benefit

3 YEAR BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		Simple Benefit Increase Option		Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	55.88	41.94	97.84	73.36	122.26	90.80
41	55.88	41.94	97.84	73.36	122.26	90.80
42	55.88	41.94	97.84	73.36	122.26	90.80
43	55.88	41.94	97.84	73.36	122.26	90.80
44	55.88	41.94	97.84	73.36	122.26	90.80
45	55.88	41.94	97.84	73.36	122.26	90.80
46	59.40	45.42	101.30	76.88	129.22	97.84
47	59.40	45.42	104.80	80.34	132.78	101.30
48	62.90	45.42	108.28	80.34	136.20	101.30
49	62.90	48.94	108.28	83.82	136.20	104.80
50	66.38	48.94	111.74	83.82	139.76	104.80
51	69.90	52.34	115.30	87.34	146.72	115.30
52	69.90	52.34	118.74	90.80	150.20	118.74
53	76.88	55.88	125.78	94.38	160.66	125.78
54	80.34	59.40	132.78	101.30	167.66	129.22
55	87.34	66.38	143.20	108.28	185.12	139.76
56	97.84	73.36	157.16	122.26	202.54	153.74
57	108.28	83.82	171.14	132.78	220.08	171.14
58	118.74	90.80	192.10	146.72	244.52	185.12
59	132.78	101.30	209.56	160.66	269.00	202.54
60	146.72	115.30	230.52	181.68	293.44	230.52
61	164.14	132.78	258.46	209.56	324.82	261.98
62	181.68	143.20	282.96	223.58	359.78	282.96
63	209.56	167.66	328.38	265.50	412.20	331.78
64	234.02	185.12	363.24	286.44	457.60	359.78
65	258.46	213.10	398.16	324.82	499.48	408.64
66	282.96	227.08	426.14	342.30	534.48	429.64
67	317.82	251.48	471.52	373.78	593.80	471.52
68	352.78	286.44	516.98	419.18	646.22	527.38
69	391.20	310.90	569.36	454.08	709.06	565.84
70	429.64	342.30	625.26	496.02	775.44	614.76
71	468.04	370.24	670.62	530.92	824.36	653.20
72	520.44	415.66	740.54	590.30	897.72	712.56
73	579.86	468.04	813.86	653.20	978.04	785.94
74	635.74	509.96	883.68	712.56	999.98	838.26
75	705.56	558.84	974.52	771.94	999.98	897.72
76	782.44	618.26	999.98	841.82	999.98	964.10
77	880.22	705.56	999.98	950.06	999.98	999.98
78	981.52	782.44	999.98	999.98	999.98	999.98
79	999.98	852.32	999.98	999.98	999.98	999.98
80		915.16		999.98		999.98
81		988.48		999.98		999.98
82		999.98		999.98		999.98
83		999.98		999.98		999.98
84		999.98		999.98		999.98

Exhibit 7
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Premium Rates with Second 13.1% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Daily Benefit

2 YEAR BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		Simple Benefit Increase Option		Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	48.94	34.92	83.82	62.90	104.80	76.88
41	48.94	34.92	83.82	62.90	104.80	76.88
42	48.94	34.92	83.82	62.90	104.80	76.88
43	48.94	34.92	83.82	62.90	104.80	76.88
44	48.94	34.92	83.82	62.90	104.80	76.88
45	48.94	34.92	83.82	62.90	104.80	76.88
46	48.94	38.42	87.34	66.38	108.28	80.34
47	52.34	38.42	90.80	66.38	111.74	83.82
48	52.34	38.42	90.80	66.38	111.74	83.82
49	52.34	38.42	90.80	66.38	115.30	87.34
50	55.88	41.94	94.38	69.90	118.74	94.38
51	55.88	41.94	97.84	73.36	122.26	97.84
52	59.40	45.42	101.30	76.88	129.22	101.30
53	62.90	48.94	104.80	80.34	132.78	104.80
54	66.38	48.94	111.74	83.82	143.20	104.80
55	73.36	55.88	122.26	90.80	157.16	118.74
56	83.82	59.40	136.20	97.84	174.62	125.78
57	90.80	69.90	146.72	111.74	188.62	143.20
58	101.30	76.88	160.66	122.26	206.08	157.16
59	111.74	83.82	178.20	136.20	223.58	171.14
60	129.22	94.38	202.54	150.20	255.00	188.62
61	139.76	104.80	220.08	164.14	275.92	206.08
62	157.16	118.74	247.96	188.62	314.36	237.56
63	178.20	129.22	275.92	202.54	349.30	255.00
64	206.08	146.72	317.82	230.52	401.68	289.92
65	227.08	164.14	345.82	251.48	436.60	317.82
66	255.00	181.68	384.20	275.92	481.98	345.82
67	279.42	199.14	415.66	293.44	523.92	370.24
68	307.38	223.58	454.08	328.38	565.84	408.64
69	335.36	241.02	489.08	349.30	611.20	436.60
70	363.24	265.50	523.92	384.20	649.70	475.04
71	398.16	289.92	569.36	412.20	702.10	506.48
72	433.14	314.36	614.76	447.08	747.46	541.40
73	471.52	345.82	656.66	485.52	789.38	583.30
74	516.98	380.72	716.00	527.38	845.28	621.74
75	569.36	412.20	785.94	569.36	908.16	660.16
76	628.72	457.60	855.76	621.74	984.98	712.56
77	698.64	509.96	943.10	688.08	999.98	775.44
78	768.50	562.38	999.98	750.96	999.98	834.78
79	841.82	614.76	999.98	810.38	999.98	901.16
80		670.62		873.26		967.52
81		733.50		943.10		999.98
82		799.86		999.98		999.98
83		873.26		999.98		999.98
84		953.56		999.98		999.98

Exhibit 7
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Premium Rates with Third 18.1% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Daily Benefit

LIFETIME BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		Simple Benefit Increase Option		Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	103.40	76.46	193.40	143.96	242.84	179.88
41	103.40	76.46	193.40	143.96	242.84	179.88
42	103.40	76.46	193.40	143.96	242.84	179.88
43	103.40	76.46	193.40	143.96	242.84	179.88
44	103.40	76.46	193.40	143.96	242.84	179.88
45	103.40	76.46	193.40	143.96	242.84	179.88
46	112.44	85.42	202.36	152.88	256.34	193.40
47	112.44	85.42	206.88	152.88	260.78	193.40
48	116.88	85.42	211.30	157.42	265.34	197.86
49	116.88	89.96	211.30	161.88	269.86	202.36
50	121.42	89.96	215.86	161.88	274.28	206.88
51	125.90	94.44	224.78	170.90	283.30	215.86
52	134.90	98.96	233.86	175.30	296.76	224.78
53	139.36	103.40	242.84	184.34	310.22	233.86
54	148.36	112.44	256.34	193.40	328.30	247.28
55	166.34	125.90	283.30	215.86	364.22	274.28
56	179.88	139.36	310.22	238.32	395.68	310.22
57	197.86	152.88	337.22	260.78	431.68	332.78
58	220.36	170.90	373.20	283.30	472.20	364.22
59	247.28	184.34	409.22	310.22	521.60	395.68
60	274.28	215.86	449.68	355.24	571.08	449.68
61	305.80	247.28	508.12	413.72	638.52	517.12
62	337.22	265.34	553.08	440.64	701.52	553.08
63	386.68	314.78	634.00	512.54	800.40	647.52
64	436.22	341.76	710.50	557.66	894.82	705.94
65	485.68	395.68	777.86	634.00	980.20	800.40
66	530.62	422.76	836.38	669.98	999.98	845.38
67	589.06	467.68	921.80	732.98	999.98	917.32
68	647.52	530.62	999.98	818.40	999.98	999.98
69	728.44	575.56	999.98	885.86	999.98	999.98
70	804.86	638.52	999.98	971.26	999.98	999.98
71	881.38	697.00	999.98	999.98	999.98	999.98
72	966.72	768.92	999.98	999.98	999.98	999.98
73	999.98	863.38	999.98	999.98	999.98	999.98
74	999.98	953.38	999.98	999.98	999.98	999.98
75	999.98	999.98	999.98	999.98	999.98	999.98
76	999.98	999.98	999.98	999.98	999.98	999.98
77	999.98	999.98	999.98	999.98	999.98	999.98
78	999.98	999.98	999.98	999.98	999.98	999.98
79	999.98	999.98	999.98	999.98	999.98	999.98

Exhibit 7
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Premium Rates with Third 13.1% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Daily Benefit

4 YEAR BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		Simple Benefit Increase Option		Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	71.12	51.34	126.44	90.84	158.02	114.58
41	71.12	51.34	126.44	90.84	158.02	114.58
42	71.12	51.34	126.44	90.84	158.02	114.58
43	71.12	51.34	126.44	90.84	158.02	114.58
44	71.12	51.34	126.44	90.84	158.02	114.58
45	71.12	51.34	126.44	90.84	158.02	114.58
46	75.04	55.34	130.36	94.76	165.90	118.50
47	79.02	55.34	134.30	94.76	169.90	122.44
48	79.02	55.34	134.30	98.78	169.90	122.44
49	79.02	59.28	138.30	102.66	173.82	126.44
50	82.96	59.28	142.20	102.66	177.78	126.44
51	86.94	63.16	146.12	110.60	193.58	138.30
52	90.84	63.16	150.12	110.60	197.46	142.20
53	94.76	67.16	158.02	114.58	201.46	146.12
54	102.66	71.12	165.90	118.50	213.34	154.00
55	110.60	79.02	181.74	130.36	237.06	169.90
56	122.44	90.84	201.46	146.12	256.78	189.62
57	134.30	98.78	217.22	161.94	276.52	205.44
58	150.12	110.60	240.94	173.82	304.20	221.18
59	165.90	118.50	264.70	189.62	335.76	240.94
60	185.62	138.30	292.34	221.18	367.36	276.52
61	205.44	161.94	327.84	252.80	410.84	319.96
62	229.08	173.82	355.52	272.54	450.28	339.72
63	260.68	201.46	406.84	316.02	513.54	398.94
64	292.34	221.18	454.30	343.68	576.70	434.52
65	327.84	256.78	501.68	391.08	632.00	493.78
66	355.52	272.54	537.22	414.82	679.46	521.46
67	398.94	304.20	592.58	450.28	746.56	564.86
68	438.40	339.72	647.86	501.68	809.78	628.04
69	489.88	371.38	714.98	545.10	892.70	679.46
70	541.20	410.84	786.06	596.44	975.66	742.64
71	592.58	450.28	849.26	643.90	999.98	793.94
72	655.76	497.72	928.30	707.06	999.98	857.22
73	726.80	556.96	999.98	782.14	999.98	936.22
74	797.94	616.26	999.98	857.22	999.98	999.98
75	888.82	675.46	999.98	932.24	999.98	999.98
76	991.52	750.52	999.98	999.98	999.98	999.98
77	999.98	845.36	999.98	999.98	999.98	999.98
78	999.98	932.24	999.98	999.98	999.98	999.98
79	999.98	999.98	999.98	999.98	999.98	999.98
80		999.98		999.98		999.98
81		999.98		999.98		999.98
82		999.98		999.98		999.98
83		999.98		999.98		999.98
84		999.98		999.98		999.98

Exhibit 7
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Premium Rates with Third 13.1% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Daily Benefit

3 YEAR BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		Simple Benefit Increase Option		Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	63.16	47.46	110.60	82.96	138.30	102.66
41	63.16	47.46	110.60	82.96	138.30	102.66
42	63.16	47.46	110.60	82.96	138.30	102.66
43	63.16	47.46	110.60	82.96	138.30	102.66
44	63.16	47.46	110.60	82.96	138.30	102.66
45	63.16	47.46	110.60	82.96	138.30	102.66
46	67.16	51.34	114.58	86.94	146.12	110.60
47	67.16	51.34	118.50	90.84	150.12	114.58
48	71.12	51.34	122.44	90.84	154.00	114.58
49	71.12	55.34	122.44	94.76	154.00	118.50
50	75.04	55.34	126.44	94.76	158.02	118.50
51	79.02	59.28	130.36	98.78	165.90	130.36
52	79.02	59.28	134.30	102.66	169.90	134.30
53	86.94	63.16	142.20	106.66	181.74	142.20
54	90.84	67.16	150.12	114.58	189.62	146.12
55	98.78	75.04	161.94	122.44	209.36	158.02
56	110.60	82.96	177.78	138.30	229.08	173.82
57	122.44	94.76	193.58	150.12	248.88	193.58
58	134.30	102.66	217.22	165.90	276.52	209.36
59	150.12	114.58	237.06	181.74	304.20	229.08
60	165.90	130.36	260.68	205.44	331.86	260.68
61	185.62	150.12	292.34	237.06	367.36	296.22
62	205.44	161.94	319.96	252.80	406.84	319.96
63	237.06	189.62	371.38	300.24	466.12	375.26
64	264.70	209.36	410.84	323.92	517.46	406.84
65	292.34	240.94	450.28	367.36	564.86	462.18
66	319.96	256.78	481.96	387.08	604.42	485.86
67	359.48	284.40	533.28	422.70	671.48	533.28
68	398.94	323.92	584.64	474.02	730.80	596.44
69	442.42	351.58	643.90	513.54	801.88	639.92
70	485.86	387.08	707.06	560.92	876.96	695.22
71	529.30	418.68	758.44	600.44	932.24	738.70
72	588.54	470.02	837.52	667.62	999.98	805.86
73	655.76	529.30	920.38	738.70	999.98	888.82
74	718.94	576.70	999.38	805.86	999.98	948.08
75	797.94	632.00	999.98	872.98	999.98	999.98
76	884.82	699.22	999.98	951.98	999.98	999.98
77	995.44	797.94	999.98	999.98	999.98	999.98
78	999.98	884.82	999.98	999.98	999.98	999.98
79	999.98	963.82	999.98	999.98	999.98	999.98
80		999.98		999.98		999.98
81		999.98		999.98		999.98
82		999.98		999.98		999.98
83		999.98		999.98		999.98
84		999.98		999.98		999.98

Exhibit 7
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Premium Rates with Third 13.1% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Daily Benefit

2 YEAR BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		Simple Benefit Increase Option		Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	55.34	39.50	94.76	71.12	118.50	86.94
41	55.34	39.50	94.76	71.12	118.50	86.94
42	55.34	39.50	94.76	71.12	118.50	86.94
43	55.34	39.50	94.76	71.12	118.50	86.94
44	55.34	39.50	94.76	71.12	118.50	86.94
45	55.34	39.50	94.76	71.12	118.50	86.94
46	55.34	43.44	98.78	75.04	122.44	90.84
47	59.28	43.44	102.66	75.04	126.44	94.76
48	59.28	43.44	102.66	75.04	126.44	94.76
49	59.28	43.44	102.66	75.04	130.36	98.78
50	63.16	47.46	106.66	79.02	134.30	106.66
51	63.16	47.46	110.60	82.96	138.30	110.60
52	67.16	51.34	114.58	86.94	146.12	114.58
53	71.12	55.34	118.50	90.84	150.12	118.50
54	75.04	55.34	126.44	94.76	161.94	118.50
55	82.96	63.16	138.30	102.66	177.78	134.30
56	94.76	67.16	154.00	110.60	197.46	142.20
57	102.66	79.02	165.90	126.44	213.34	161.94
58	114.58	86.94	181.74	138.30	233.08	177.78
59	126.44	94.76	201.46	154.00	252.80	193.58
60	146.12	106.66	229.08	169.90	288.40	213.34
61	158.02	118.50	248.88	185.62	312.06	233.08
62	177.78	134.30	280.46	213.34	355.52	268.62
63	201.46	146.12	312.06	229.08	395.02	288.40
64	233.08	165.90	359.48	260.68	454.30	327.84
65	256.78	185.62	391.08	284.40	493.78	359.48
66	288.40	205.44	434.52	312.06	545.10	391.08
67	316.02	225.20	470.02	331.86	592.58	418.68
68	347.60	252.80	513.54	371.38	639.92	462.18
69	379.22	272.54	553.02	395.02	691.28	493.78
70	410.84	300.24	592.58	434.52	734.74	537.22
71	450.28	327.84	643.90	466.12	793.94	572.80
72	489.88	355.52	695.22	505.64	845.36	612.32
73	533.28	391.08	742.64	549.12	892.70	659.62
74	584.64	430.58	809.78	596.44	955.88	703.14
75	643.90	466.12	888.82	643.90	999.98	746.56
76	711.04	517.46	967.82	703.14	999.98	805.86
77	790.04	576.70	999.98	778.20	999.98	876.96
78	869.08	635.98	999.98	849.26	999.98	944.04
79	951.98	695.22	999.98	916.46	999.98	999.98
80		758.44		987.52		999.98
81		829.52		999.98		999.98
82		904.52		999.98		999.98
83		987.52		999.98		999.98
84		999.98		999.98		999.98

RIVERSOURCE LIFE INSURANCE COMPANY

Address: 227 Ameriprise Financial Center, Minneapolis, MN 55474

**Pennsylvania Supplement to the
Actuarial Memorandum for Policy Form 30225 Series**

January 2019

<u>Product</u>	<u>Form Number</u>
Nursing Home Indemnity Policy	30225-PA
Nursing Home Indemnity Policy	30225-PA1
Nursing Home Indemnity Policy	30225A-PA1

1. Purpose of Filing

This supplement has been prepared for the purpose of demonstrating the compliance of this premium rate increase filing with Chapter 18 Section 3801.303(c) and Regulation 89.83 of the Insurance Regulations for the State of Pennsylvania. It may not be appropriate for other purposes.

2. Demonstration of Compliance with Chapter 18 Section 3801.303(c)

We believe that we comply with this subsection of the regulation by submitting these premium rates before they are being used.

3. Demonstration of Compliance with Regulation 89.83

89.83(a): General. This subsection requires no action.

89.83(b): New Filings. This subsection is not applicable.

89.83(c): Revision of Current Rates.

(1): This premium rate increase filing complies with the minimum loss ratio requirement of 60%, as specified in Regulation 89a.117.

(2): Section 2 of the Actuarial Memorandum provides a description of benefits. Copies of the policy forms are enclosed with this rate filing.

(2)(i): The reason for the premium rate increase is due to a combination of actual voluntary lapse and mortality running less than expected in pricing and actual morbidity experience worse than expected for older attained ages. A premium rate increase is considered an effective way to reduce projected losses.

The company is requesting the following premium rate increases:

- a 64.5% premium rate increase for policies with a lifetime benefit period, spread over three years with an implementation schedule of three consecutive annual premium rate increases of 18.1% each; and
- a 44.5% premium rate increase for policies with non-lifetime benefit periods, spread over three years with an implementation schedule of three consecutive annual premium rates increases of 13.1% each.

Tables with current premium rates are provided in Attachment 1, and premium rate tables with the requested rate increases are provided in Attachment 2. The Pennsylvania average annual nursing home premium based on June 30, 2018

RIVERSOURCE LIFE INSURANCE COMPANY

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Pennsylvania Supplement to the Actuarial Memorandum for Policy Form 30225 Series

January 2019

inforce before and after the requested premium rate increases are as follows:

	Policies with a Lifetime Benefit Period	Policies with Non-Lifetime Benefit Periods
Before rate increase	\$1,873	\$1,610
After 1st rate increase	\$2,211	\$1,821
After 2nd rate increase	\$2,610	\$2,058
After 3rd rate increase	\$3,081	\$2,327

These values assume all previously approved premium rate increases have been fully implemented on all policies.

Attachment 3 provides nationwide experience for earned premiums and incurred claims, both before and after the requested premium rate increases. Attachment 4 provides nationwide experience for written premiums and paid claims, both before and after the requested premium rate increases. The actual and projected premiums in these attachments reflect the accumulated premium rate increases as approved in Pennsylvania and implemented from 2005 through 2018 on a nationwide basis.

Attachments 5 and 6 provide corresponding Pennsylvania-specific experience.

(2)(ii)(A): Seven prior premium rate increases have been approved and implemented on these policy forms in Pennsylvania. A 35% increase was approved in January 2005 and implemented on each policyholder's next policy anniversary beginning in April 2005. A 15% increase was approved in April 2008 and implemented on each policyholder's next policy anniversary beginning in July 2008. A 10% increase was approved in June 2009 and implemented on each policyholder's next policy anniversary beginning in September 2009. A 10% increase was approved in March 2011 and implemented on each policyholder's next policy anniversary beginning in June 2011. A 15% increase was approved in May 2013 and implemented on each policyholder's next policy anniversary beginning in August 2013. A 15% increase was approved in September 2015 and implemented on each policyholder's next policy anniversary beginning in December 2015. A 10% increase was approved in September 2017 and implemented on each policyholder's next policy anniversary beginning in December 2017.

(2)(ii)(B): A commission of 2.2% of premium is currently paid. Commission rates were reduced in 2005, 2008, 2009, 2011, 2013, 2016 and 2018 so that total commissions paid before and after past sought nationwide increases in premium are similar. In addition, as part of this premium rate increase process, the company anticipates adjusting commission rates so that the total commissions paid before and after the full amount of requested increase in premium are similar.

(2)(ii)(C)(I): Premiums earned and written since inception for nationwide experience are provided in Attachments 3 and 4, respectively. The actual and projected premiums in these attachments reflect the accumulated premium rate increases as

RIVERSOURCE LIFE INSURANCE COMPANY

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**Pennsylvania Supplement to the
Actuarial Memorandum for Policy Form 30225 Series**

January 2019

approved in Pennsylvania and implemented from 2005 through 2018 on a nationwide basis.

Premiums earned and written since inception for Pennsylvania-specific experience are provided in Attachments 5 and 6, respectively.

Details of reserve balances and calculation basis for both nationwide and Pennsylvania-specific experience are provided in Attachment 7.

(2)(ii)(C)(II): Claims incurred and paid since inception for nationwide experience are provided in Attachments 3 and 4, respectively.

Claims incurred and paid since inception for Pennsylvania-specific experience are provided in Attachments 5 and 6, respectively.

Attachments 8 and 9 provide a durational loss ratio analysis for nationwide and Pennsylvania-specific experience, respectively. The actual and projected premiums in Attachment 8 reflect the accumulated premium rate increases as approved in Pennsylvania and implemented from 2005 through 2018 on a nationwide basis.

(2)(ii)(D): We believe that we have provided information sufficient to support the premium rate increase requested in this rate filing.

(2)(iii): We believe that data used in this premium rate increase filing is in agreement with those used in the annual statement filed with the Department.

89.83 (d): *Filing Procedure.* We believe this premium rate increase filing complies with this subsection.

Attachment 1
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Current Premium Rates
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Daily Benefit

LIFETIME BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		Simple Benefit Increase Option		Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	62.86	46.48	117.52	87.42	147.58	109.34
41	62.86	46.48	117.52	87.42	147.58	109.34
42	62.86	46.48	117.52	87.42	147.58	109.34
43	62.86	46.48	117.52	87.42	147.58	109.34
44	62.86	46.48	117.52	87.42	147.58	109.34
45	62.86	46.48	117.52	87.42	147.58	109.34
46	68.34	51.94	122.96	92.90	155.80	117.52
47	68.34	51.94	125.70	92.90	158.48	117.52
48	71.04	51.94	128.42	95.66	161.24	120.28
49	71.04	54.68	128.42	98.42	163.96	122.96
50	73.84	54.68	131.18	98.42	166.74	125.70
51	76.54	57.38	136.62	103.88	172.18	131.18
52	82.00	60.14	142.14	106.56	180.36	136.62
53	84.72	62.86	147.58	112.04	188.56	142.14
54	90.20	68.34	155.80	117.52	199.52	150.30
55	101.10	76.54	172.18	131.18	221.38	166.74
56	109.34	84.72	188.56	144.84	240.48	188.56
57	120.28	92.90	204.96	158.48	262.38	202.22
58	133.90	103.88	226.82	172.18	286.94	221.38
59	150.30	112.04	248.66	188.56	317.06	240.48
60	166.74	131.18	273.28	215.88	347.06	273.28
61	185.86	150.30	308.82	251.44	388.08	314.28
62	204.96	161.24	336.14	267.82	426.34	336.14
63	235.04	191.30	385.36	311.52	486.44	393.54
64	265.10	207.72	431.80	338.88	543.82	429.06
65	295.16	240.48	472.76	385.36	595.72	486.44
66	322.50	256.92	508.32	407.18	642.22	513.76
67	358.02	284.20	560.18	445.46	702.36	557.50
68	393.54	322.50	609.40	497.38	762.44	620.34
69	442.70	349.80	677.74	538.34	844.48	669.54
70	489.20	388.08	743.32	590.28	920.96	732.38
71	535.68	423.58	803.42	636.76	986.54	784.32
72	587.54	467.30	877.26	699.60	999.98	847.18
73	653.12	524.68	959.20	770.64	999.98	926.44
74	718.72	579.38	999.98	844.48	999.98	997.46
75	797.98	634.02	999.98	920.96	999.98	999.98
76	890.92	705.06	999.98	999.98	999.98	999.98
77	994.78	795.26	999.98	999.98	999.98	999.98
78	999.98	877.26	999.98	999.98	999.98	999.98
79	999.98	964.66	999.98	999.98	999.98	999.98

Attachment 1
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Current Premium Rates
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Daily Benefit

4 YEAR BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		Simple Benefit Increase Option		Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	49.22	35.54	87.42	62.86	109.34	79.26
41	49.22	35.54	87.42	62.86	109.34	79.26
42	49.22	35.54	87.42	62.86	109.34	79.26
43	49.22	35.54	87.42	62.86	109.34	79.26
44	49.22	35.54	87.42	62.86	109.34	79.26
45	49.22	35.54	87.42	62.86	109.34	79.26
46	51.94	38.28	90.20	65.58	114.80	82.00
47	54.68	38.28	92.90	65.58	117.52	84.72
48	54.68	38.28	92.90	68.34	117.52	84.72
49	54.68	40.96	95.66	71.04	120.28	87.42
50	57.38	40.96	98.42	71.04	122.96	87.42
51	60.14	43.72	101.10	76.54	133.90	95.66
52	62.86	43.72	103.88	76.54	136.62	98.42
53	65.58	46.48	109.34	79.26	139.42	101.10
54	71.04	49.22	114.80	82.00	147.58	106.56
55	76.54	54.68	125.70	90.20	163.96	117.52
56	84.72	62.86	139.42	101.10	177.66	131.18
57	92.90	68.34	150.30	112.04	191.30	142.14
58	103.88	76.54	166.74	120.28	210.46	153.04
59	114.80	82.00	183.10	131.18	232.30	166.74
60	128.42	95.66	202.22	153.04	254.14	191.30
61	142.14	112.04	226.82	174.92	284.20	221.38
62	158.48	120.28	245.96	188.56	311.52	235.04
63	180.36	139.42	281.50	218.62	355.26	276.00
64	202.22	153.04	314.28	237.76	399.00	300.60
65	226.82	177.66	347.06	270.56	437.22	341.58
66	245.96	188.56	371.66	286.94	470.06	360.76
67	276.00	210.46	409.90	311.52	516.50	390.78
68	303.36	235.04	448.18	347.06	560.18	434.50
69	338.88	256.92	494.64	377.10	617.60	470.06
70	374.42	284.20	543.82	412.62	674.98	513.76
71	409.90	311.52	587.54	445.46	724.22	549.30
72	453.68	344.34	642.22	489.20	778.84	593.04
73	502.82	385.36	702.36	541.12	841.74	647.68
74	552.02	426.34	767.92	593.04	907.30	699.60
75	614.90	467.30	849.90	644.96	983.82	746.04
76	685.92	519.22	931.88	705.06	999.98	808.92
77	765.20	584.80	999.98	789.80	999.98	888.16
78	847.18	644.96	999.98	858.06	999.98	956.50
79	920.96	710.54	999.98	937.38	999.98	999.98
80		773.38		999.98		999.98
81		838.94		999.98		999.98
82		915.46		999.98		999.98
83		997.46		999.98		999.98
84		999.98		999.98		999.98

Attachment 1
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Current Premium Rates
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Daily Benefit

3 YEAR BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		Simple Benefit Increase Option		Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	43.72	32.82	76.54	57.38	95.66	71.04
41	43.72	32.82	76.54	57.38	95.66	71.04
42	43.72	32.82	76.54	57.38	95.66	71.04
43	43.72	32.82	76.54	57.38	95.66	71.04
44	43.72	32.82	76.54	57.38	95.66	71.04
45	43.72	32.82	76.54	57.38	95.66	71.04
46	46.48	35.54	79.26	60.14	101.10	76.54
47	46.48	35.54	82.00	62.86	103.88	79.26
48	49.22	35.54	84.72	62.86	106.56	79.26
49	49.22	38.28	84.72	65.58	106.56	82.00
50	51.94	38.28	87.42	65.58	109.34	82.00
51	54.68	40.96	90.20	68.34	114.80	90.20
52	54.68	40.96	92.90	71.04	117.52	92.90
53	60.14	43.72	98.42	73.84	125.70	98.42
54	62.86	46.48	103.88	79.26	131.18	101.10
55	68.34	51.94	112.04	84.72	144.84	109.34
56	76.54	57.38	122.96	95.66	158.48	120.28
57	84.72	65.58	133.90	103.88	172.18	133.90
58	92.90	71.04	150.30	114.80	191.30	144.84
59	103.88	79.26	163.96	125.70	210.46	158.48
60	114.80	90.20	180.36	142.14	229.58	180.36
61	128.42	103.88	202.22	163.96	254.14	204.96
62	142.14	112.04	221.38	174.92	281.50	221.38
63	163.96	131.18	256.92	207.72	322.50	259.58
64	183.10	144.84	284.20	224.10	358.02	281.50
65	202.22	166.74	311.52	254.14	390.78	319.72
66	221.38	177.66	333.42	267.82	418.16	336.14
67	248.66	196.76	368.92	292.44	464.58	368.92
68	276.00	224.10	404.48	327.96	505.60	412.62
69	306.06	243.24	445.46	355.26	554.76	442.70
70	336.14	267.82	489.20	388.08	606.70	480.98
71	366.20	289.66	524.68	415.40	644.96	511.06
72	407.18	325.20	579.38	461.84	702.36	557.50
73	453.68	366.20	636.76	511.06	765.20	614.90
74	497.38	399.00	691.38	557.50	814.38	655.84
75	552.02	437.22	762.44	603.96	882.68	702.36
76	612.16	483.72	830.78	658.64	953.74	754.30
77	688.68	552.02	931.88	743.32	999.98	838.94
78	767.92	612.16	999.98	814.38	999.98	904.54
79	828.02	666.84	999.98	879.98	999.98	967.42
80		716.00		931.88		999.98
81		773.38		997.46		999.98
82		830.78		999.98		999.98
83		885.46		999.98		999.98
84		934.60		999.98		999.98

Attachment 1
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Current Premium Rates
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Daily Benefit

2 YEAR BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		Simple Benefit Increase Option		Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	38.28	27.32	65.58	49.22	82.00	60.14
41	38.28	27.32	65.58	49.22	82.00	60.14
42	38.28	27.32	65.58	49.22	82.00	60.14
43	38.28	27.32	65.58	49.22	82.00	60.14
44	38.28	27.32	65.58	49.22	82.00	60.14
45	38.28	27.32	65.58	49.22	82.00	60.14
46	38.28	30.06	68.34	51.94	84.72	62.86
47	40.96	30.06	71.04	51.94	87.42	65.58
48	40.96	30.06	71.04	51.94	87.42	65.58
49	40.96	30.06	71.04	51.94	90.20	68.34
50	43.72	32.82	73.84	54.68	92.90	73.84
51	43.72	32.82	76.54	57.38	95.66	76.54
52	46.48	35.54	79.26	60.14	101.10	79.26
53	49.22	38.28	82.00	62.86	103.88	82.00
54	51.94	38.28	87.42	65.58	112.04	82.00
55	57.38	43.72	95.66	71.04	122.96	92.90
56	65.58	46.48	106.56	76.54	136.62	98.42
57	71.04	54.68	114.80	87.42	147.58	112.04
58	79.26	60.14	125.70	95.66	161.24	122.96
59	87.42	65.58	139.42	106.56	174.92	133.90
60	101.10	73.84	158.48	117.52	199.52	147.58
61	109.34	82.00	172.18	128.42	215.88	161.24
62	122.96	92.90	194.00	147.58	245.96	185.86
63	139.42	101.10	215.88	158.48	273.28	199.52
64	161.24	114.80	248.66	180.36	314.28	226.82
65	177.66	128.42	270.56	196.76	341.58	248.66
66	199.52	142.14	300.60	215.88	377.10	270.56
67	218.62	155.80	325.20	229.58	409.90	289.66
68	240.48	174.92	355.26	256.92	442.70	319.72
69	262.38	188.56	382.64	273.28	478.20	341.58
70	284.20	207.72	409.90	300.60	508.32	371.66
71	311.52	226.82	445.46	322.50	549.30	396.26
72	338.88	245.96	480.98	349.80	584.80	423.58
73	368.92	270.56	513.76	379.86	617.60	456.36
74	404.48	297.88	560.18	412.62	661.34	486.44
75	445.46	322.50	614.90	445.46	710.54	516.50
76	491.90	358.02	669.54	486.44	770.64	557.50
77	546.60	399.00	737.88	538.34	828.02	606.70
78	601.26	440.00	800.70	587.54	890.92	653.12
79	658.64	480.98	871.72	634.02	951.04	705.06
80		524.68		683.22		756.98
81		573.88		737.88		817.12
82		625.80		795.26		879.98
83		683.22		858.06		945.54
84		746.04		926.44		999.98

Attachment 2
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Premium Rates with First 18.1% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Daily Benefit

LIFETIME BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		Simple Benefit Increase Option		Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	74.20	54.86	138.72	103.20	174.22	129.08
41	74.20	54.86	138.72	103.20	174.22	129.08
42	74.20	54.86	138.72	103.20	174.22	129.08
43	74.20	54.86	138.72	103.20	174.22	129.08
44	74.20	54.86	138.72	103.20	174.22	129.08
45	74.20	54.86	138.72	103.20	174.22	129.08
46	80.68	61.32	145.16	109.66	183.92	138.72
47	80.68	61.32	148.38	109.66	187.08	138.72
48	83.86	61.32	151.60	112.92	190.34	141.98
49	83.86	64.54	151.60	116.18	193.56	145.16
50	87.16	64.54	154.86	116.18	196.84	148.38
51	90.36	67.74	161.28	122.62	203.26	154.86
52	96.80	71.00	167.80	125.80	212.90	161.28
53	100.00	74.20	174.22	132.26	222.58	167.80
54	106.48	80.68	183.92	138.72	235.52	177.42
55	119.34	90.36	203.26	154.86	261.34	196.84
56	129.08	100.00	222.58	170.98	283.88	222.58
57	141.98	109.66	241.94	187.08	309.74	238.72
58	158.06	122.62	267.76	203.26	338.72	261.34
59	177.42	132.26	293.54	222.58	374.28	283.88
60	196.84	154.86	322.60	254.84	409.70	322.60
61	219.40	177.42	364.56	296.82	458.12	371.00
62	241.94	190.34	396.80	316.16	503.28	396.80
63	277.46	225.82	454.90	367.74	574.22	464.56
64	312.94	245.20	509.72	400.04	641.96	506.50
65	348.42	283.88	558.08	454.90	703.24	574.22
66	380.70	303.28	600.06	480.66	758.12	606.48
67	422.64	335.48	661.28	525.86	829.12	658.12
68	464.56	380.70	719.38	587.14	900.04	732.30
69	522.60	412.92	800.06	635.50	996.88	790.38
70	577.48	458.12	877.46	696.80	999.98	864.56
71	632.36	500.02	948.42	751.68	999.98	925.86
72	693.58	551.64	999.98	825.86	999.98	999.98
73	770.98	619.36	999.98	909.72	999.98	999.98
74	848.42	683.94	999.98	996.88	999.98	999.98
75	942.00	748.44	999.98	999.98	999.98	999.98
76	999.98	832.30	999.98	999.98	999.98	999.98
77	999.98	938.78	999.98	999.98	999.98	999.98
78	999.98	999.98	999.98	999.98	999.98	999.98
79	999.98	999.98	999.98	999.98	999.98	999.98

Attachment 2
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Premium Rates with First 13.1% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Daily Benefit

4 YEAR BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		Simple Benefit Increase Option		Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	55.64	40.18	98.84	71.06	123.62	89.60
41	55.64	40.18	98.84	71.06	123.62	89.60
42	55.64	40.18	98.84	71.06	123.62	89.60
43	55.64	40.18	98.84	71.06	123.62	89.60
44	55.64	40.18	98.84	71.06	123.62	89.60
45	55.64	40.18	98.84	71.06	123.62	89.60
46	58.72	43.28	101.98	74.14	129.78	92.70
47	61.82	43.28	105.02	74.14	132.86	95.78
48	61.82	43.28	105.02	77.26	132.86	95.78
49	61.82	46.30	108.14	80.32	135.98	98.84
50	64.88	46.30	111.26	80.32	139.02	98.84
51	68.00	49.42	114.30	86.54	151.38	108.14
52	71.06	49.42	117.44	86.54	154.46	111.26
53	74.14	52.54	123.62	89.60	157.62	114.30
54	80.32	55.64	129.78	92.70	166.84	120.48
55	86.54	61.82	142.10	101.98	185.36	132.86
56	95.78	71.06	157.62	114.30	200.86	148.30
57	105.02	77.26	169.92	126.66	216.28	160.70
58	117.44	86.54	188.50	135.98	237.94	173.02
59	129.78	92.70	207.00	148.30	262.62	188.50
60	145.18	108.14	228.62	173.02	287.32	216.28
61	160.70	126.66	256.44	197.76	321.30	250.28
62	179.16	135.98	278.06	213.18	352.18	265.72
63	203.90	157.62	318.24	247.16	401.64	312.04
64	228.62	173.02	355.30	268.80	451.08	339.84
65	256.44	200.86	392.36	305.88	494.30	386.18
66	278.06	213.18	420.18	324.40	531.42	407.86
67	312.04	237.94	463.42	352.18	583.92	441.80
68	342.96	265.72	506.68	392.36	633.32	491.22
69	383.12	290.46	559.22	426.32	698.22	531.42
70	423.30	321.30	614.82	466.48	763.10	580.84
71	463.42	352.18	664.24	503.62	818.76	621.02
72	512.90	389.30	726.06	553.06	880.52	670.46
73	568.46	435.66	794.06	611.76	951.62	732.24
74	624.08	482.00	868.18	670.46	999.98	790.94
75	695.18	528.30	960.86	729.16	999.98	843.44
76	775.46	587.00	999.98	797.10	999.98	914.52
77	865.10	661.14	999.98	892.90	999.98	999.98
78	957.78	729.16	999.98	970.08	999.98	999.98
79	999.98	803.30	999.98	999.98	999.98	999.98
80		874.34		999.98		999.98
81		948.46		999.98		999.98
82		999.98		999.98		999.98
83		999.98		999.98		999.98
84		999.98		999.98		999.98

Attachment 2
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Premium Rates with First 13.1% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Daily Benefit

3 YEAR BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		Simple Benefit Increase Option		Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	49.42	37.10	86.54	64.88	108.14	80.32
41	49.42	37.10	86.54	64.88	108.14	80.32
42	49.42	37.10	86.54	64.88	108.14	80.32
43	49.42	37.10	86.54	64.88	108.14	80.32
44	49.42	37.10	86.54	64.88	108.14	80.32
45	49.42	37.10	86.54	64.88	108.14	80.32
46	52.54	40.18	89.60	68.00	114.30	86.54
47	52.54	40.18	92.70	71.06	117.44	89.60
48	55.64	40.18	95.78	71.06	120.48	89.60
49	55.64	43.28	95.78	74.14	120.48	92.70
50	58.72	43.28	98.84	74.14	123.62	92.70
51	61.82	46.30	101.98	77.26	129.78	101.98
52	61.82	46.30	105.02	80.32	132.86	105.02
53	68.00	49.42	111.26	83.48	142.10	111.26
54	71.06	52.54	117.44	89.60	148.30	114.30
55	77.26	58.72	126.66	95.78	163.74	123.62
56	86.54	64.88	139.02	108.14	179.16	135.98
57	95.78	74.14	151.38	117.44	194.66	151.38
58	105.02	80.32	169.92	129.78	216.28	163.74
59	117.44	89.60	185.36	142.10	237.94	179.16
60	129.78	101.98	203.90	160.70	259.56	203.90
61	145.18	117.44	228.62	185.36	287.32	231.72
62	160.70	126.66	250.28	197.76	318.24	250.28
63	185.36	148.30	290.46	234.84	364.60	293.46
64	207.00	163.74	321.30	253.36	404.76	318.24
65	228.62	188.50	352.18	287.32	441.80	361.46
66	250.28	200.86	376.94	302.78	472.76	380.02
67	281.12	222.44	417.08	330.62	525.24	417.08
68	312.04	253.36	457.28	370.78	571.60	466.48
69	346.02	275.00	503.62	401.64	627.18	500.50
70	380.02	302.78	553.06	438.74	685.90	543.78
71	414.00	327.48	593.18	469.62	729.16	577.78
72	460.34	367.66	655.02	522.14	794.06	630.28
73	512.90	414.00	719.88	577.78	865.10	695.18
74	562.32	451.08	781.64	630.28	920.70	741.46
75	624.08	494.30	861.98	682.80	997.92	794.06
76	692.08	546.86	939.24	744.62	999.98	852.78
77	778.58	624.08	999.98	840.36	999.98	948.46
78	868.18	692.08	999.98	920.70	999.98	999.98
79	936.12	753.90	999.98	994.86	999.98	999.98
80		809.48		999.98		999.98
81		874.34		999.98		999.98
82		939.24		999.98		999.98
83		999.98		999.98		999.98
84		999.98		999.98		999.98

Attachment 2
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Premium Rates with First 13.1% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Daily Benefit

2 YEAR BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		Simple Benefit Increase Option		Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	43.28	30.88	74.14	55.64	92.70	68.00
41	43.28	30.88	74.14	55.64	92.70	68.00
42	43.28	30.88	74.14	55.64	92.70	68.00
43	43.28	30.88	74.14	55.64	92.70	68.00
44	43.28	30.88	74.14	55.64	92.70	68.00
45	43.28	30.88	74.14	55.64	92.70	68.00
46	43.28	33.98	77.26	58.72	95.78	71.06
47	46.30	33.98	80.32	58.72	98.84	74.14
48	46.30	33.98	80.32	58.72	98.84	74.14
49	46.30	33.98	80.32	58.72	101.98	77.26
50	49.42	37.10	83.48	61.82	105.02	83.48
51	49.42	37.10	86.54	64.88	108.14	86.54
52	52.54	40.18	89.60	68.00	114.30	89.60
53	55.64	43.28	92.70	71.06	117.44	92.70
54	58.72	43.28	98.84	74.14	126.66	92.70
55	64.88	49.42	108.14	80.32	139.02	105.02
56	74.14	52.54	120.48	86.54	154.46	111.26
57	80.32	61.82	129.78	98.84	166.84	126.66
58	89.60	68.00	142.10	108.14	182.28	139.02
59	98.84	74.14	157.62	120.48	197.76	151.38
60	114.30	83.48	179.16	132.86	225.56	166.84
61	123.62	92.70	194.66	145.18	244.06	182.28
62	139.02	105.02	219.32	166.84	278.06	210.12
63	157.62	114.30	244.06	179.16	308.96	225.56
64	182.28	129.78	281.12	203.90	355.30	256.44
65	200.86	145.18	305.88	222.44	386.18	281.12
66	225.56	160.70	339.84	244.06	426.32	305.88
67	247.16	176.14	367.66	259.56	463.42	327.48
68	271.88	197.76	401.64	290.46	500.50	361.46
69	296.64	213.18	432.60	308.96	540.62	386.18
70	321.30	234.84	463.42	339.84	574.68	420.18
71	352.18	256.44	503.62	364.60	621.02	448.00
72	383.12	278.06	543.78	395.46	661.14	478.88
73	417.08	305.88	580.84	429.46	698.22	515.94
74	457.28	336.76	633.32	466.48	747.68	549.94
75	503.62	364.60	695.18	503.62	803.30	583.92
76	556.12	404.76	756.94	549.94	871.24	630.28
77	617.96	451.08	834.20	608.62	936.12	685.90
78	679.76	497.44	905.24	664.24	999.98	738.38
79	744.62	543.78	985.52	716.80	999.98	797.10
80		593.18		772.42		855.80
81		648.80		834.20		923.80
82		707.50		899.08		994.86
83		772.42		970.08		999.98
84		843.44		999.98		999.98

Attachment 2
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Premium Rates with Second 18.1% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Daily Benefit

LIFETIME BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		Simple Benefit Increase Option		Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	87.60	64.76	163.76	121.82	205.66	152.38
41	87.60	64.76	163.76	121.82	205.66	152.38
42	87.60	64.76	163.76	121.82	205.66	152.38
43	87.60	64.76	163.76	121.82	205.66	152.38
44	87.60	64.76	163.76	121.82	205.66	152.38
45	87.60	64.76	163.76	121.82	205.66	152.38
46	95.24	72.38	171.36	129.46	217.12	163.76
47	95.24	72.38	175.16	129.46	220.84	163.76
48	99.00	72.38	178.96	133.30	224.70	167.60
49	99.00	76.18	178.96	137.14	228.50	171.36
50	102.88	76.18	182.80	137.14	232.36	175.16
51	106.66	79.96	190.38	144.74	239.94	182.80
52	114.26	83.82	198.08	148.50	251.32	190.38
53	118.04	87.60	205.66	156.12	262.74	198.08
54	125.70	95.24	217.12	163.76	278.02	209.44
55	140.88	106.66	239.94	182.80	308.50	232.36
56	152.38	118.04	262.74	201.84	335.12	262.74
57	167.60	129.46	285.60	220.84	365.64	281.80
58	186.58	144.74	316.08	239.94	399.84	308.50
59	209.44	156.12	346.52	262.74	441.82	335.12
60	232.36	182.80	380.82	300.84	483.64	380.82
61	259.00	209.44	430.36	350.38	540.80	437.96
62	285.60	224.70	468.42	373.22	594.10	468.42
63	327.54	266.58	537.00	434.10	677.86	548.40
64	369.42	289.46	601.70	472.24	757.82	597.90
65	411.30	335.12	658.80	537.00	830.16	677.86
66	449.40	358.02	708.36	567.40	894.94	715.94
67	498.92	396.02	780.62	620.76	978.76	776.90
68	548.40	449.40	849.20	693.10	999.98	864.46
69	616.92	487.44	944.44	750.18	999.98	933.02
70	681.70	540.80	999.98	822.56	999.98	999.98
71	746.48	590.26	999.98	887.34	999.98	999.98
72	818.76	651.20	999.98	974.90	999.98	999.98
73	910.12	731.14	999.98	999.98	999.98	999.98
74	999.98	807.38	999.98	999.98	999.98	999.98
75	999.98	883.52	999.98	999.98	999.98	999.98
76	999.98	982.50	999.98	999.98	999.98	999.98
77	999.98	999.98	999.98	999.98	999.98	999.98
78	999.98	999.98	999.98	999.98	999.98	999.98
79	999.98	999.98	999.98	999.98	999.98	999.98

Attachment 2
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Premium Rates with Second 13.1% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Daily Benefit

4 YEAR BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		Simple Benefit Increase Option		Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	62.90	45.42	111.74	80.34	139.76	101.30
41	62.90	45.42	111.74	80.34	139.76	101.30
42	62.90	45.42	111.74	80.34	139.76	101.30
43	62.90	45.42	111.74	80.34	139.76	101.30
44	62.90	45.42	111.74	80.34	139.76	101.30
45	62.90	45.42	111.74	80.34	139.76	101.30
46	66.38	48.94	115.30	83.82	146.72	104.80
47	69.90	48.94	118.74	83.82	150.20	108.28
48	69.90	48.94	118.74	87.34	150.20	108.28
49	69.90	52.34	122.26	90.80	153.74	111.74
50	73.36	52.34	125.78	90.80	157.16	111.74
51	76.88	55.88	129.22	97.84	171.14	122.26
52	80.34	55.88	132.78	97.84	174.62	125.78
53	83.82	59.40	139.76	101.30	178.20	129.22
54	90.80	62.90	146.72	104.80	188.62	136.20
55	97.84	69.90	160.66	115.30	209.56	150.20
56	108.28	80.34	178.20	129.22	227.08	167.66
57	118.74	87.34	192.10	143.20	244.52	181.68
58	132.78	97.84	213.10	153.74	269.00	195.60
59	146.72	104.80	234.02	167.66	296.90	213.10
60	164.14	122.26	258.46	195.60	324.82	244.52
61	181.68	143.20	289.92	223.58	363.24	282.96
62	202.54	153.74	314.36	241.02	398.16	300.40
63	230.52	178.20	359.78	279.42	454.08	352.78
64	258.46	195.60	401.68	303.90	509.96	384.20
65	289.92	227.08	443.58	345.82	558.84	436.60
66	314.36	241.02	475.04	366.76	600.80	461.10
67	352.78	269.00	523.92	398.16	660.16	499.48
68	387.74	300.40	572.82	443.58	716.00	555.34
69	433.14	328.38	632.22	481.98	789.38	600.80
70	478.56	363.24	695.08	527.38	862.72	656.66
71	523.92	398.16	750.96	569.36	925.64	702.10
72	579.86	440.12	820.84	625.26	995.48	757.98
73	642.68	492.54	897.72	691.62	999.98	827.84
74	705.56	544.92	981.52	757.98	999.98	894.20
75	785.94	597.26	999.98	824.36	999.98	953.56
76	876.70	663.64	999.98	901.16	999.98	999.98
77	978.04	747.46	999.98	999.98	999.98	999.98
78	999.98	824.36	999.98	999.98	999.98	999.98
79	999.98	908.16	999.98	999.98	999.98	999.98
80		988.48		999.98		999.98
81		999.98		999.98		999.98
82		999.98		999.98		999.98
83		999.98		999.98		999.98
84		999.98		999.98		999.98

Attachment 2
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Premium Rates with Second 13.1% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Daily Benefit

3 YEAR BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		Simple Benefit Increase Option		Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	55.88	41.94	97.84	73.36	122.26	90.80
41	55.88	41.94	97.84	73.36	122.26	90.80
42	55.88	41.94	97.84	73.36	122.26	90.80
43	55.88	41.94	97.84	73.36	122.26	90.80
44	55.88	41.94	97.84	73.36	122.26	90.80
45	55.88	41.94	97.84	73.36	122.26	90.80
46	59.40	45.42	101.30	76.88	129.22	97.84
47	59.40	45.42	104.80	80.34	132.78	101.30
48	62.90	45.42	108.28	80.34	136.20	101.30
49	62.90	48.94	108.28	83.82	136.20	104.80
50	66.38	48.94	111.74	83.82	139.76	104.80
51	69.90	52.34	115.30	87.34	146.72	115.30
52	69.90	52.34	118.74	90.80	150.20	118.74
53	76.88	55.88	125.78	94.38	160.66	125.78
54	80.34	59.40	132.78	101.30	167.66	129.22
55	87.34	66.38	143.20	108.28	185.12	139.76
56	97.84	73.36	157.16	122.26	202.54	153.74
57	108.28	83.82	171.14	132.78	220.08	171.14
58	118.74	90.80	192.10	146.72	244.52	185.12
59	132.78	101.30	209.56	160.66	269.00	202.54
60	146.72	115.30	230.52	181.68	293.44	230.52
61	164.14	132.78	258.46	209.56	324.82	261.98
62	181.68	143.20	282.96	223.58	359.78	282.96
63	209.56	167.66	328.38	265.50	412.20	331.78
64	234.02	185.12	363.24	286.44	457.60	359.78
65	258.46	213.10	398.16	324.82	499.48	408.64
66	282.96	227.08	426.14	342.30	534.48	429.64
67	317.82	251.48	471.52	373.78	593.80	471.52
68	352.78	286.44	516.98	419.18	646.22	527.38
69	391.20	310.90	569.36	454.08	709.06	565.84
70	429.64	342.30	625.26	496.02	775.44	614.76
71	468.04	370.24	670.62	530.92	824.36	653.20
72	520.44	415.66	740.54	590.30	897.72	712.56
73	579.86	468.04	813.86	653.20	978.04	785.94
74	635.74	509.96	883.68	712.56	999.98	838.26
75	705.56	558.84	974.52	771.94	999.98	897.72
76	782.44	618.26	999.98	841.82	999.98	964.10
77	880.22	705.56	999.98	950.06	999.98	999.98
78	981.52	782.44	999.98	999.98	999.98	999.98
79	999.98	852.32	999.98	999.98	999.98	999.98
80		915.16		999.98		999.98
81		988.48		999.98		999.98
82		999.98		999.98		999.98
83		999.98		999.98		999.98
84		999.98		999.98		999.98

Attachment 2
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Premium Rates with Second 13.1% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Daily Benefit

2 YEAR BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		Simple Benefit Increase Option		Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	48.94	34.92	83.82	62.90	104.80	76.88
41	48.94	34.92	83.82	62.90	104.80	76.88
42	48.94	34.92	83.82	62.90	104.80	76.88
43	48.94	34.92	83.82	62.90	104.80	76.88
44	48.94	34.92	83.82	62.90	104.80	76.88
45	48.94	34.92	83.82	62.90	104.80	76.88
46	48.94	38.42	87.34	66.38	108.28	80.34
47	52.34	38.42	90.80	66.38	111.74	83.82
48	52.34	38.42	90.80	66.38	111.74	83.82
49	52.34	38.42	90.80	66.38	115.30	87.34
50	55.88	41.94	94.38	69.90	118.74	94.38
51	55.88	41.94	97.84	73.36	122.26	97.84
52	59.40	45.42	101.30	76.88	129.22	101.30
53	62.90	48.94	104.80	80.34	132.78	104.80
54	66.38	48.94	111.74	83.82	143.20	104.80
55	73.36	55.88	122.26	90.80	157.16	118.74
56	83.82	59.40	136.20	97.84	174.62	125.78
57	90.80	69.90	146.72	111.74	188.62	143.20
58	101.30	76.88	160.66	122.26	206.08	157.16
59	111.74	83.82	178.20	136.20	223.58	171.14
60	129.22	94.38	202.54	150.20	255.00	188.62
61	139.76	104.80	220.08	164.14	275.92	206.08
62	157.16	118.74	247.96	188.62	314.36	237.56
63	178.20	129.22	275.92	202.54	349.30	255.00
64	206.08	146.72	317.82	230.52	401.68	289.92
65	227.08	164.14	345.82	251.48	436.60	317.82
66	255.00	181.68	384.20	275.92	481.98	345.82
67	279.42	199.14	415.66	293.44	523.92	370.24
68	307.38	223.58	454.08	328.38	565.84	408.64
69	335.36	241.02	489.08	349.30	611.20	436.60
70	363.24	265.50	523.92	384.20	649.70	475.04
71	398.16	289.92	569.36	412.20	702.10	506.48
72	433.14	314.36	614.76	447.08	747.46	541.40
73	471.52	345.82	656.66	485.52	789.38	583.30
74	516.98	380.72	716.00	527.38	845.28	621.74
75	569.36	412.20	785.94	569.36	908.16	660.16
76	628.72	457.60	855.76	621.74	984.98	712.56
77	698.64	509.96	943.10	688.08	999.98	775.44
78	768.50	562.38	999.98	750.96	999.98	834.78
79	841.82	614.76	999.98	810.38	999.98	901.16
80		670.62		873.26		967.52
81		733.50		943.10		999.98
82		799.86		999.98		999.98
83		873.26		999.98		999.98
84		953.56		999.98		999.98

Attachment 2
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Premium Rates with Third 18.1% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Daily Benefit

LIFETIME BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		Simple Benefit Increase Option		Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	103.40	76.46	193.40	143.96	242.84	179.88
41	103.40	76.46	193.40	143.96	242.84	179.88
42	103.40	76.46	193.40	143.96	242.84	179.88
43	103.40	76.46	193.40	143.96	242.84	179.88
44	103.40	76.46	193.40	143.96	242.84	179.88
45	103.40	76.46	193.40	143.96	242.84	179.88
46	112.44	85.42	202.36	152.88	256.34	193.40
47	112.44	85.42	206.88	152.88	260.78	193.40
48	116.88	85.42	211.30	157.42	265.34	197.86
49	116.88	89.96	211.30	161.88	269.86	202.36
50	121.42	89.96	215.86	161.88	274.28	206.88
51	125.90	94.44	224.78	170.90	283.30	215.86
52	134.90	98.96	233.86	175.30	296.76	224.78
53	139.36	103.40	242.84	184.34	310.22	233.86
54	148.36	112.44	256.34	193.40	328.30	247.28
55	166.34	125.90	283.30	215.86	364.22	274.28
56	179.88	139.36	310.22	238.32	395.68	310.22
57	197.86	152.88	337.22	260.78	431.68	332.78
58	220.36	170.90	373.20	283.30	472.20	364.22
59	247.28	184.34	409.22	310.22	521.60	395.68
60	274.28	215.86	449.68	355.24	571.08	449.68
61	305.80	247.28	508.12	413.72	638.52	517.12
62	337.22	265.34	553.08	440.64	701.52	553.08
63	386.68	314.78	634.00	512.54	800.40	647.52
64	436.22	341.76	710.50	557.66	894.82	705.94
65	485.68	395.68	777.86	634.00	980.20	800.40
66	530.62	422.76	836.38	669.98	999.98	845.38
67	589.06	467.68	921.80	732.98	999.98	917.32
68	647.52	530.62	999.98	818.40	999.98	999.98
69	728.44	575.56	999.98	885.86	999.98	999.98
70	804.86	638.52	999.98	971.26	999.98	999.98
71	881.38	697.00	999.98	999.98	999.98	999.98
72	966.72	768.92	999.98	999.98	999.98	999.98
73	999.98	863.38	999.98	999.98	999.98	999.98
74	999.98	953.38	999.98	999.98	999.98	999.98
75	999.98	999.98	999.98	999.98	999.98	999.98
76	999.98	999.98	999.98	999.98	999.98	999.98
77	999.98	999.98	999.98	999.98	999.98	999.98
78	999.98	999.98	999.98	999.98	999.98	999.98
79	999.98	999.98	999.98	999.98	999.98	999.98

Attachment 2
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Premium Rates with Third 13.1% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Daily Benefit

4 YEAR BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		Simple Benefit Increase Option		Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	71.12	51.34	126.44	90.84	158.02	114.58
41	71.12	51.34	126.44	90.84	158.02	114.58
42	71.12	51.34	126.44	90.84	158.02	114.58
43	71.12	51.34	126.44	90.84	158.02	114.58
44	71.12	51.34	126.44	90.84	158.02	114.58
45	71.12	51.34	126.44	90.84	158.02	114.58
46	75.04	55.34	130.36	94.76	165.90	118.50
47	79.02	55.34	134.30	94.76	169.90	122.44
48	79.02	55.34	134.30	98.78	169.90	122.44
49	79.02	59.28	138.30	102.66	173.82	126.44
50	82.96	59.28	142.20	102.66	177.78	126.44
51	86.94	63.16	146.12	110.60	193.58	138.30
52	90.84	63.16	150.12	110.60	197.46	142.20
53	94.76	67.16	158.02	114.58	201.46	146.12
54	102.66	71.12	165.90	118.50	213.34	154.00
55	110.60	79.02	181.74	130.36	237.06	169.90
56	122.44	90.84	201.46	146.12	256.78	189.62
57	134.30	98.78	217.22	161.94	276.52	205.44
58	150.12	110.60	240.94	173.82	304.20	221.18
59	165.90	118.50	264.70	189.62	335.76	240.94
60	185.62	138.30	292.34	221.18	367.36	276.52
61	205.44	161.94	327.84	252.80	410.84	319.96
62	229.08	173.82	355.52	272.54	450.28	339.72
63	260.68	201.46	406.84	316.02	513.54	398.94
64	292.34	221.18	454.30	343.68	576.70	434.52
65	327.84	256.78	501.68	391.08	632.00	493.78
66	355.52	272.54	537.22	414.82	679.46	521.46
67	398.94	304.20	592.58	450.28	746.56	564.86
68	438.40	339.72	647.86	501.68	809.78	628.04
69	489.88	371.38	714.98	545.10	892.70	679.46
70	541.20	410.84	786.06	596.44	975.66	742.64
71	592.58	450.28	849.26	643.90	999.98	793.94
72	655.76	497.72	928.30	707.06	999.98	857.22
73	726.80	556.96	999.98	782.14	999.98	936.22
74	797.94	616.26	999.98	857.22	999.98	999.98
75	888.82	675.46	999.98	932.24	999.98	999.98
76	991.52	750.52	999.98	999.98	999.98	999.98
77	999.98	845.36	999.98	999.98	999.98	999.98
78	999.98	932.24	999.98	999.98	999.98	999.98
79	999.98	999.98	999.98	999.98	999.98	999.98
80		999.98		999.98		999.98
81		999.98		999.98		999.98
82		999.98		999.98		999.98
83		999.98		999.98		999.98
84		999.98		999.98		999.98

Attachment 2
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Premium Rates with Third 13.1% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Daily Benefit

3 YEAR BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		Simple Benefit Increase Option		Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	63.16	47.46	110.60	82.96	138.30	102.66
41	63.16	47.46	110.60	82.96	138.30	102.66
42	63.16	47.46	110.60	82.96	138.30	102.66
43	63.16	47.46	110.60	82.96	138.30	102.66
44	63.16	47.46	110.60	82.96	138.30	102.66
45	63.16	47.46	110.60	82.96	138.30	102.66
46	67.16	51.34	114.58	86.94	146.12	110.60
47	67.16	51.34	118.50	90.84	150.12	114.58
48	71.12	51.34	122.44	90.84	154.00	114.58
49	71.12	55.34	122.44	94.76	154.00	118.50
50	75.04	55.34	126.44	94.76	158.02	118.50
51	79.02	59.28	130.36	98.78	165.90	130.36
52	79.02	59.28	134.30	102.66	169.90	134.30
53	86.94	63.16	142.20	106.66	181.74	142.20
54	90.84	67.16	150.12	114.58	189.62	146.12
55	98.78	75.04	161.94	122.44	209.36	158.02
56	110.60	82.96	177.78	138.30	229.08	173.82
57	122.44	94.76	193.58	150.12	248.88	193.58
58	134.30	102.66	217.22	165.90	276.52	209.36
59	150.12	114.58	237.06	181.74	304.20	229.08
60	165.90	130.36	260.68	205.44	331.86	260.68
61	185.62	150.12	292.34	237.06	367.36	296.22
62	205.44	161.94	319.96	252.80	406.84	319.96
63	237.06	189.62	371.38	300.24	466.12	375.26
64	264.70	209.36	410.84	323.92	517.46	406.84
65	292.34	240.94	450.28	367.36	564.86	462.18
66	319.96	256.78	481.96	387.08	604.42	485.86
67	359.48	284.40	533.28	422.70	671.48	533.28
68	398.94	323.92	584.64	474.02	730.80	596.44
69	442.42	351.58	643.90	513.54	801.88	639.92
70	485.86	387.08	707.06	560.92	876.96	695.22
71	529.30	418.68	758.44	600.44	932.24	738.70
72	588.54	470.02	837.52	667.62	999.98	805.86
73	655.76	529.30	920.38	738.70	999.98	888.82
74	718.94	576.70	999.38	805.86	999.98	948.08
75	797.94	632.00	999.98	872.98	999.98	999.98
76	884.82	699.22	999.98	951.98	999.98	999.98
77	995.44	797.94	999.98	999.98	999.98	999.98
78	999.98	884.82	999.98	999.98	999.98	999.98
79	999.98	963.82	999.98	999.98	999.98	999.98
80		999.98		999.98		999.98
81		999.98		999.98		999.98
82		999.98		999.98		999.98
83		999.98		999.98		999.98
84		999.98		999.98		999.98

Attachment 2
RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Premium Rates with Third 13.1% Rate Increase
Nursing Home Indemnity Policy
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1
Premium Rates Per \$10 Daily Benefit

2 YEAR BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		Simple Benefit Increase Option		Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	55.34	39.50	94.76	71.12	118.50	86.94
41	55.34	39.50	94.76	71.12	118.50	86.94
42	55.34	39.50	94.76	71.12	118.50	86.94
43	55.34	39.50	94.76	71.12	118.50	86.94
44	55.34	39.50	94.76	71.12	118.50	86.94
45	55.34	39.50	94.76	71.12	118.50	86.94
46	55.34	43.44	98.78	75.04	122.44	90.84
47	59.28	43.44	102.66	75.04	126.44	94.76
48	59.28	43.44	102.66	75.04	126.44	94.76
49	59.28	43.44	102.66	75.04	130.36	98.78
50	63.16	47.46	106.66	79.02	134.30	106.66
51	63.16	47.46	110.60	82.96	138.30	110.60
52	67.16	51.34	114.58	86.94	146.12	114.58
53	71.12	55.34	118.50	90.84	150.12	118.50
54	75.04	55.34	126.44	94.76	161.94	118.50
55	82.96	63.16	138.30	102.66	177.78	134.30
56	94.76	67.16	154.00	110.60	197.46	142.20
57	102.66	79.02	165.90	126.44	213.34	161.94
58	114.58	86.94	181.74	138.30	233.08	177.78
59	126.44	94.76	201.46	154.00	252.80	193.58
60	146.12	106.66	229.08	169.90	288.40	213.34
61	158.02	118.50	248.88	185.62	312.06	233.08
62	177.78	134.30	280.46	213.34	355.52	268.62
63	201.46	146.12	312.06	229.08	395.02	288.40
64	233.08	165.90	359.48	260.68	454.30	327.84
65	256.78	185.62	391.08	284.40	493.78	359.48
66	288.40	205.44	434.52	312.06	545.10	391.08
67	316.02	225.20	470.02	331.86	592.58	418.68
68	347.60	252.80	513.54	371.38	639.92	462.18
69	379.22	272.54	553.02	395.02	691.28	493.78
70	410.84	300.24	592.58	434.52	734.74	537.22
71	450.28	327.84	643.90	466.12	793.94	572.80
72	489.88	355.52	695.22	505.64	845.36	612.32
73	533.28	391.08	742.64	549.12	892.70	659.62
74	584.64	430.58	809.78	596.44	955.88	703.14
75	643.90	466.12	888.82	643.90	999.98	746.56
76	711.04	517.46	967.82	703.14	999.98	805.86
77	790.04	576.70	999.98	778.20	999.98	876.96
78	869.08	635.98	999.98	849.26	999.98	944.04
79	951.98	695.22	999.98	916.46	999.98	999.98
80		758.44		987.52		999.98
81		829.52		999.98		999.98
82		904.52		999.98		999.98
83		987.52		999.98		999.98
84		999.98		999.98		999.98

Attachment 3
RiverSource Life Insurance Company
Nationwide Experience for All Policies
Adjusted for Cumulative Prior Approved Premium Rate Increases on a Nationwide Basis
Before Premium Rate Increase
Policy Form 30225

	Calendar Year	Loss Ratios Without Interest			Loss Ratios With Interest			Interest Rate	Mid-Year Disc / Accum Factor
		Earned Premiums	Incurred Claims	Loss Ratio	Earned Premiums	Incurred Claims	Loss Ratio		
Historical Experience	1992	145	0	0.0%	455	0	0.0%	4.50%	3.1407
	1993	2,909,024	147,512	5.1%	8,742,882	443,337	5.1%	4.50%	3.0054
	1994	14,056,704	1,815,958	12.9%	40,427,275	5,222,719	12.9%	4.50%	2.8760
	1995	29,135,421	3,976,229	13.6%	80,185,524	10,943,244	13.6%	4.50%	2.7522
	1996	46,810,205	7,171,649	15.3%	123,281,790	18,887,628	15.3%	4.50%	2.6337
	1997	64,570,203	7,987,382	12.4%	162,732,482	20,130,128	12.4%	4.50%	2.5202
	1998	74,151,184	14,712,431	19.8%	178,831,450	35,482,177	19.8%	4.50%	2.4117
	1999	72,417,515	19,544,568	27.0%	167,129,509	45,106,132	27.0%	4.50%	2.3079
	2000	69,236,806	20,192,843	29.2%	152,908,016	44,595,464	29.2%	4.50%	2.2085
	2001	66,450,827	25,399,853	38.2%	140,435,636	53,679,460	38.2%	4.50%	2.1134
	2002	64,118,028	33,643,796	52.5%	129,670,387	68,040,210	52.5%	4.50%	2.0224
	2003	61,783,221	37,046,031	60.0%	119,567,983	71,694,533	60.0%	4.50%	1.9353
	2004	59,832,034	35,024,517	58.5%	110,805,632	64,863,476	58.5%	4.50%	1.8519
	2005	58,681,077	31,852,227	54.3%	103,994,376	56,448,393	54.3%	4.50%	1.7722
	2006	67,963,928	46,075,035	67.8%	115,258,763	78,137,797	67.8%	4.50%	1.6959
	2007	65,286,620	48,510,084	74.3%	105,950,589	78,724,738	74.3%	4.50%	1.6229
	2008	63,595,241	51,095,144	80.3%	98,761,465	79,349,196	80.3%	4.50%	1.5530
	2009	67,022,548	56,208,175	83.9%	99,601,883	83,530,696	83.9%	4.50%	1.4861
	2010	68,946,212	54,987,882	79.8%	98,048,450	78,198,301	79.8%	4.50%	1.4221
	2011	67,625,076	78,110,866	115.5%	92,028,384	106,298,096	115.5%	4.50%	1.3609
	2012	68,661,467	72,510,480	105.6%	89,415,090	94,427,506	105.6%	4.50%	1.3023
	2013	66,003,663	81,707,843	123.8%	82,252,572	101,822,838	123.8%	4.50%	1.2462
	2014	69,173,315	89,178,452	128.9%	82,490,464	106,346,962	128.9%	4.50%	1.1925
	2015	66,223,301	98,213,047	148.3%	75,571,787	112,077,402	148.3%	4.50%	1.1412
	2016	67,616,016	109,631,009	162.1%	73,838,380	119,719,803	162.1%	4.50%	1.0920
	2017	66,706,450	121,744,966	182.5%	69,708,240	127,223,490	182.5%	4.50%	1.0450
	1/1/2018-6/30/2018	32,502,410	61,037,914	187.8%	32,862,049	61,713,298	187.8%	4.50%	1.0111
Projected Future Experience	7/1/2018-12/31/2018	33,070,147	66,188,831	200.1%	32,708,231	65,464,467	200.1%	4.50%	0.9891
	2019	63,135,918	139,034,989	220.2%	60,417,146	133,047,836	220.2%	4.50%	0.9569
	2020	58,130,615	147,398,346	253.6%	53,231,945	134,977,080	253.6%	4.50%	0.9157
	2021	53,235,830	155,611,326	292.3%	46,650,377	136,361,677	292.3%	4.50%	0.8763
	2022	48,475,895	163,060,581	336.4%	40,650,012	136,736,300	336.4%	4.50%	0.8386
	2023	43,882,691	169,613,094	386.5%	35,213,712	136,106,205	386.5%	4.50%	0.8025
	2024	39,492,570	175,141,976	443.5%	30,326,176	134,490,777	443.5%	4.50%	0.7679
	2025	35,336,324	179,356,239	507.6%	25,966,137	131,796,068	507.6%	4.50%	0.7348
	2026	31,437,134	182,257,153	579.8%	22,106,125	128,160,519	579.8%	4.50%	0.7032
	2027	27,806,074	183,969,571	661.6%	18,710,830	123,793,939	661.6%	4.50%	0.6729
	2028	24,441,870	184,240,276	753.8%	15,738,797	118,637,414	753.8%	4.50%	0.6439
	2029	21,344,244	182,922,457	857.0%	13,152,296	112,716,587	857.0%	4.50%	0.6162
	2030	18,515,683	180,093,344	972.7%	10,918,029	106,194,537	972.7%	4.50%	0.5897
	2031	15,950,156	175,747,809	1101.9%	9,000,221	99,169,504	1101.9%	4.50%	0.5643
	2032	13,638,935	169,803,651	1245.0%	7,364,655	91,689,363	1245.0%	4.50%	0.5400
	2033	11,577,715	162,304,276	1401.9%	5,982,442	83,865,937	1401.9%	4.50%	0.5167
	2034	9,758,074	153,303,185	1571.0%	4,825,068	75,803,722	1571.0%	4.50%	0.4945
	2035	8,164,848	142,988,897	1751.3%	3,863,413	67,658,970	1751.3%	4.50%	0.4732
	2036	6,780,655	131,574,009	1940.4%	3,070,283	59,576,760	1940.4%	4.50%	0.4528
	2037	5,587,679	119,317,314	2135.4%	2,421,151	51,700,406	2135.4%	4.50%	0.4333
	2038	4,568,036	106,715,532	2336.1%	1,894,104	44,248,833	2336.1%	4.50%	0.4146
	2039	3,704,026	94,260,503	2544.8%	1,469,711	37,401,382	2544.8%	4.50%	0.3968
	2040	2,978,364	82,295,354	2763.1%	1,130,888	31,247,619	2763.1%	4.50%	0.3797
	2041	2,374,418	71,065,075	2992.9%	862,745	25,821,504	2992.9%	4.50%	0.3634
	2042	1,876,403	60,766,915	3238.5%	652,432	21,128,868	3238.5%	4.50%	0.3477
	2043	1,469,579	51,487,466	3503.6%	488,974	17,131,455	3503.6%	4.50%	0.3327
	2044	1,140,403	43,218,033	3789.7%	363,107	13,760,729	3789.7%	4.50%	0.3184
	2045	876,620	35,913,894	4096.9%	267,099	10,942,654	4096.9%	4.50%	0.3047
	2046	667,307	29,515,212	4423.0%	194,567	8,605,771	4423.0%	4.50%	0.2916
	2047	502,869	23,952,071	4763.1%	140,308	6,682,987	4763.1%	4.50%	0.2790
	2048	375,002	19,169,143	5111.7%	100,126	5,118,162	5111.7%	4.50%	0.2670
	2049	276,619	15,116,079	5464.6%	70,677	3,862,195	5464.6%	4.50%	0.2555
	2050	201,745	11,741,926	5820.2%	49,327	2,870,900	5820.2%	4.50%	0.2445
	2051	145,406	8,982,366	6177.5%	34,021	2,101,615	6177.5%	4.50%	0.2340
	2052	103,511	6,779,108	6549.1%	23,176	1,517,814	6549.1%	4.50%	0.2239
	2053	72,737	5,047,943	6940.0%	15,584	1,081,544	6940.0%	4.50%	0.2143
	2054	50,414	3,706,586	7352.3%	10,336	759,955	7352.3%	4.50%	0.2050
	2055	34,432	2,681,195	7786.9%	6,756	526,048	7786.9%	4.50%	0.1962
	2056	23,144	1,908,051	8244.4%	4,345	358,237	8244.4%	4.50%	0.1878
	2057	15,283	1,333,437	8725.2%	2,746	239,573	8725.2%	4.50%	0.1797
	2058	9,892	912,970	9229.5%	1,701	156,966	9229.5%	4.50%	0.1719
Future Lifetime	Past	1,521,478,637	1,207,525,892	79.4%	2,634,501,512	1,723,107,024	65.4%		
	Future	591,229,266	3,840,496,183	649.6%	450,099,773	2,363,512,880	525.1%		
	Lifetime	2,112,707,903	5,048,022,075	238.9%	3,084,601,286	4,086,619,904	132.5%		

Attachment 3
RiverSource Life Insurance Company
Nationwide Experience for All Policies
Adjusted for Cumulative Prior Approved Premium Rate Increases on a Nationwide Basis
With Requested Premium Rate Increase, Spread Over Three Years
Policy Form 30225

	Calendar Year	Loss Ratios Without Interest			Loss Ratios With Interest			Interest Rate	Mid-Year Disc / Accum Factor
		Earned Premiums	Incurred Claims	Loss Ratio	Earned Premiums	Incurred Claims	Loss Ratio		
Historical Experience	1992	145	0	0.0%	455	0	0.0%	4.50%	3.1407
	1993	2,909,024	147,512	5.1%	8,742,882	443,337	5.1%	4.50%	3.0054
	1994	14,056,704	1,815,958	12.9%	40,427,275	5,222,719	12.9%	4.50%	2.8760
	1995	29,135,421	3,976,229	13.6%	80,185,524	10,943,244	13.6%	4.50%	2.7522
	1996	46,810,205	7,171,649	15.3%	123,281,790	18,887,628	15.3%	4.50%	2.6337
	1997	64,570,203	7,987,382	12.4%	162,732,482	20,130,128	12.4%	4.50%	2.5202
	1998	74,151,184	14,712,431	19.8%	178,831,450	35,482,177	19.8%	4.50%	2.4117
	1999	72,417,515	19,544,568	27.0%	167,129,509	45,106,132	27.0%	4.50%	2.3079
	2000	69,236,806	20,192,843	29.2%	152,908,016	44,595,464	29.2%	4.50%	2.2085
	2001	66,450,827	25,399,853	38.2%	140,435,636	53,679,460	38.2%	4.50%	2.1134
	2002	64,118,028	33,643,796	52.5%	129,670,387	68,040,210	52.5%	4.50%	2.0224
	2003	61,783,221	37,046,031	60.0%	119,567,983	71,694,533	60.0%	4.50%	1.9353
	2004	59,832,034	35,024,517	58.5%	110,805,632	64,863,476	58.5%	4.50%	1.8519
	2005	58,681,077	31,852,227	54.3%	103,994,376	56,448,393	54.3%	4.50%	1.7722
	2006	67,963,928	46,075,035	67.8%	115,258,763	78,137,797	67.8%	4.50%	1.6959
	2007	65,286,620	48,510,084	74.3%	105,950,589	78,724,738	74.3%	4.50%	1.6229
	2008	63,595,241	51,095,144	80.3%	98,761,465	79,349,196	80.3%	4.50%	1.5530
	2009	67,022,548	56,208,175	83.9%	99,601,883	83,530,696	83.9%	4.50%	1.4861
	2010	68,946,212	54,987,882	79.8%	98,048,450	78,198,301	79.8%	4.50%	1.4221
	2011	67,625,076	78,110,866	115.5%	92,028,384	106,298,096	115.5%	4.50%	1.3609
	2012	68,661,467	72,510,480	105.6%	89,415,090	94,427,506	105.6%	4.50%	1.3023
	2013	66,003,663	81,707,843	123.8%	82,252,572	101,822,838	123.8%	4.50%	1.2462
	2014	69,173,315	89,178,452	128.9%	82,490,464	106,346,962	128.9%	4.50%	1.1925
	2015	66,223,301	98,213,047	148.3%	75,571,787	112,077,402	148.3%	4.50%	1.1412
	2016	67,616,016	109,631,009	162.1%	73,838,380	119,719,803	162.1%	4.50%	1.0920
	2017	66,706,450	121,744,966	182.5%	69,708,240	127,223,490	182.5%	4.50%	1.0450
	1/1/2018-6/30/2018	32,502,410	61,037,914	187.8%	32,862,049	61,713,298	187.8%	4.50%	1.0111
Projected Future Experience	7/1/2018-12/31/2018	33,070,147	66,188,831	200.1%	32,708,231	65,464,467	200.1%	4.50%	0.9891
	2019	65,397,405	138,648,602	212.0%	62,581,249	132,678,088	212.0%	4.50%	0.9569
	2020	68,357,016	146,525,059	214.4%	62,596,567	134,177,385	214.4%	4.50%	0.9157
	2021	73,123,282	151,016,889	206.5%	64,077,684	132,335,587	206.5%	4.50%	0.8763
	2022	74,249,414	158,481,988	213.4%	62,262,688	132,896,868	213.4%	4.50%	0.8386
	2023	67,453,004	164,682,787	244.1%	54,127,734	132,149,875	244.1%	4.50%	0.8025
	2024	60,766,389	169,876,530	279.6%	46,662,251	130,447,464	279.6%	4.50%	0.7679
	2025	54,427,329	173,799,922	319.3%	39,994,750	127,713,128	319.3%	4.50%	0.7348
	2026	48,472,328	176,457,919	364.0%	34,085,020	124,082,584	364.0%	4.50%	0.7032
	2027	42,919,011	177,973,419	414.7%	28,880,393	119,759,102	414.7%	4.50%	0.6729
	2028	37,766,125	178,104,268	471.6%	24,318,653	114,686,268	471.6%	4.50%	0.6439
	2029	33,014,302	176,710,940	535.3%	20,343,372	108,889,058	535.3%	4.50%	0.6162
	2030	28,668,765	173,870,071	606.5%	16,904,935	102,524,898	606.5%	4.50%	0.5897
	2031	24,721,495	169,578,243	686.0%	13,949,639	95,688,194	686.0%	4.50%	0.5643
	2032	21,160,275	163,757,496	773.9%	11,425,974	88,424,604	773.9%	4.50%	0.5400
	2033	17,979,804	156,450,999	870.1%	9,290,532	80,841,429	870.1%	4.50%	0.5167
	2034	15,168,278	147,711,070	973.8%	7,500,248	73,038,593	973.8%	4.50%	0.4945
	2035	12,703,336	137,719,435	1084.1%	6,010,919	65,165,584	1084.1%	4.50%	0.4732
	2036	10,559,078	126,680,551	1199.7%	4,781,154	57,361,000	1199.7%	4.50%	0.4528
	2037	8,708,784	114,843,060	1318.7%	3,773,532	49,761,703	1318.7%	4.50%	0.4333
	2038	7,125,487	102,683,997	1441.1%	2,954,532	42,577,186	1441.1%	4.50%	0.4146
	2039	5,782,360	90,675,319	1568.1%	2,294,368	35,978,826	1568.1%	4.50%	0.3968
	2040	4,653,099	79,145,818	1700.9%	1,766,786	30,051,737	1700.9%	4.50%	0.3797
	2041	3,712,293	68,329,802	1840.6%	1,348,862	24,827,642	1840.6%	4.50%	0.3634
	2042	2,935,751	58,415,675	1989.8%	1,020,771	20,311,333	1989.8%	4.50%	0.3477
	2043	2,300,813	49,485,544	2150.8%	765,551	16,465,355	2150.8%	4.50%	0.3327
	2044	1,786,607	41,530,051	2324.5%	568,860	13,223,271	2324.5%	4.50%	0.3184
	2045	1,374,205	34,505,356	2510.9%	418,709	10,513,484	2510.9%	4.50%	0.3047
	2046	1,046,700	28,353,196	2708.8%	305,187	8,266,961	2708.8%	4.50%	0.2916
	2047	789,214	23,005,762	2915.0%	220,203	6,418,953	2915.0%	4.50%	0.2790
	2048	588,850	18,409,355	3126.3%	157,223	4,915,298	3126.3%	4.50%	0.2670
	2049	434,581	14,515,161	3340.0%	111,036	3,708,659	3340.0%	4.50%	0.2555
	2050	317,099	11,273,867	3555.3%	77,531	2,756,459	3555.3%	4.50%	0.2445
	2051	228,648	8,623,403	3771.5%	53,497	2,017,628	3771.5%	4.50%	0.2340
	2052	162,838	6,507,556	3996.3%	36,459	1,457,015	3996.3%	4.50%	0.2239
	2053	114,469	4,845,294	4232.8%	24,526	1,038,126	4232.8%	4.50%	0.2143
	2054	79,368	3,557,483	4482.3%	16,273	729,384	4482.3%	4.50%	0.2050
	2055	54,226	2,573,135	4745.2%	10,639	504,847	4745.2%	4.50%	0.1962
	2056	36,459	1,831,014	5022.1%	6,845	343,774	5022.1%	4.50%	0.1878
	2057	24,082	1,279,512	5313.1%	4,327	229,884	5313.1%	4.50%	0.1797
	2058	15,592	875,991	5618.4%	2,681	150,608	5618.4%	4.50%	0.1719
	Past	1,521,478,637	1,207,525,892	79.4%	2,634,501,512	1,723,107,024	65.4%		
	Future	832,248,309	3,719,500,370	446.9%	618,440,388	2,294,572,312	371.0%		
	Lifetime	2,353,726,945	4,927,026,263	209.3%	3,252,941,900	4,017,679,336	123.5%		

Attachment 4
RiverSource Life Insurance Company
Nationwide Experience for All Policies
Adjusted for Cumulative Prior Approved Premium Rate Increases on a Nationwide Basis
Before Premium Rate Increase
Policy Form 30225

	Calendar Year	Loss Ratios Without Interest			Loss Ratios With Interest			Interest Rate	Mid-Year Disc / Accum Factor
		Written Premiums	Paid Claims	Loss Ratio	Written Premiums	Paid Claims	Loss Ratio		
Historical Experience	1992	2,036	0	0.0%	6,394	0	0.0%	4.50%	3.1407
	1993	5,556,615	13,547	0.2%	16,700,041	40,713	0.2%	4.50%	3.0054
	1994	17,825,880	208,825	1.2%	51,267,476	600,584	1.2%	4.50%	2.8760
	1995	34,145,078	625,670	1.8%	93,972,934	1,721,947	1.8%	4.50%	2.7522
	1996	53,670,548	1,857,109	3.5%	141,349,548	4,890,979	3.5%	4.50%	2.6337
	1997	68,425,569	3,431,602	5.0%	172,448,934	8,648,466	5.0%	4.50%	2.5202
	1998	73,990,402	5,325,832	7.2%	178,443,691	12,844,385	7.2%	4.50%	2.4117
	1999	71,486,370	8,076,349	11.3%	164,980,557	18,639,086	11.3%	4.50%	2.3079
	2000	68,330,724	11,757,458	17.2%	150,906,954	25,966,097	17.2%	4.50%	2.2085
	2001	65,747,741	15,674,175	23.8%	138,949,750	33,125,438	23.8%	4.50%	2.1134
	2002	63,410,911	20,051,909	31.6%	128,240,333	40,552,382	31.6%	4.50%	2.0224
	2003	61,180,360	24,598,396	40.2%	118,401,277	47,604,844	40.2%	4.50%	1.9353
	2004	59,151,846	29,009,793	49.0%	109,545,962	53,724,540	49.0%	4.50%	1.8519
	2005	62,610,113	33,192,536	53.0%	110,957,398	58,823,684	53.0%	4.50%	1.7722
	2006	67,267,683	35,832,071	53.3%	114,078,015	60,766,944	53.3%	4.50%	1.6959
	2007	64,458,174	39,770,691	61.7%	104,606,144	64,541,987	61.7%	4.50%	1.6229
	2008	64,468,436	45,142,884	70.0%	100,117,510	70,105,518	70.0%	4.50%	1.5530
	2009	67,575,641	50,577,080	74.8%	100,423,832	75,162,352	74.8%	4.50%	1.4861
	2010	68,590,894	55,454,386	80.8%	97,543,153	78,861,717	80.8%	4.50%	1.4221
	2011	68,087,990	59,294,322	87.1%	92,658,347	80,691,380	87.1%	4.50%	1.3609
	2012	67,697,086	67,125,916	99.2%	88,159,216	87,415,404	99.2%	4.50%	1.3023
	2013	66,727,721	73,118,485	109.6%	83,154,880	91,118,935	109.6%	4.50%	1.2462
	2014	68,671,294	78,847,456	114.8%	81,891,795	94,027,057	114.8%	4.50%	1.1925
	2015	65,753,304	83,983,138	127.7%	75,035,444	95,838,712	127.7%	4.50%	1.1412
	2016	68,201,828	95,960,576	140.7%	74,478,102	104,791,348	140.7%	4.50%	1.0920
	2017	65,973,345	104,285,776	158.1%	68,942,146	108,978,636	158.1%	4.50%	1.0450
	1/1/2018-6/30/2018	31,342,346	54,267,507	173.1%	31,689,148	54,867,977	173.1%	4.50%	1.0111
Projected Future Experience	7/1/2018-12/31/2018	35,303,486	62,136,146	176.0%	34,917,128	61,456,135	176.0%	4.50%	0.9891
	2019	62,987,154	112,525,529	178.6%	60,274,788	107,679,932	178.6%	4.50%	0.9569
	2020	57,980,366	130,049,451	224.3%	53,094,357	119,090,178	224.3%	4.50%	0.9157
	2021	53,086,486	145,509,857	274.1%	46,519,508	127,509,794	274.1%	4.50%	0.8763
	2022	48,327,979	156,821,432	324.5%	40,525,975	131,504,391	324.5%	4.50%	0.8386
	2023	43,737,186	164,370,415	375.8%	35,096,951	131,899,212	375.8%	4.50%	0.8025
	2024	39,350,885	171,495,656	435.8%	30,217,377	131,690,783	435.8%	4.50%	0.7679
	2025	35,201,090	178,348,739	506.7%	25,866,762	131,055,729	506.7%	4.50%	0.7348
	2026	31,309,236	184,282,645	588.6%	22,016,189	129,584,815	588.6%	4.50%	0.7032
	2027	27,686,756	189,204,333	683.4%	18,630,541	127,316,433	683.4%	4.50%	0.6729
	2028	24,331,380	193,123,005	793.7%	15,667,649	124,357,249	793.7%	4.50%	0.6439
	2029	21,244,412	195,882,940	922.0%	13,090,780	120,702,821	922.0%	4.50%	0.6162
	2030	18,426,587	197,343,039	1071.0%	10,865,493	116,366,059	1071.0%	4.50%	0.5897
	2031	15,870,201	197,432,137	1244.0%	8,955,104	111,405,356	1244.0%	4.50%	0.5643
	2032	13,568,382	196,096,140	1445.2%	7,326,558	105,886,594	1445.2%	4.50%	0.5400
	2033	11,515,922	193,289,745	1678.5%	5,950,512	99,876,763	1678.5%	4.50%	0.5167
	2034	9,704,411	188,998,162	1947.5%	4,798,533	93,453,793	1947.5%	4.50%	0.4945
	2035	8,118,560	183,214,465	2256.7%	3,841,511	86,692,758	2256.7%	4.50%	0.4732
	2036	6,740,983	175,981,521	2610.6%	3,052,319	79,684,498	2610.6%	4.50%	0.4528
	2037	5,553,904	167,391,692	3013.9%	2,406,517	72,531,119	3013.9%	4.50%	0.4333
	2038	4,539,483	157,596,999	3471.7%	1,882,264	65,346,470	3471.7%	4.50%	0.4146
	2039	3,680,060	146,824,594	3989.7%	1,460,201	58,258,153	3989.7%	4.50%	0.3968
	2040	2,958,398	135,420,565	4577.5%	1,123,306	51,419,309	4577.5%	4.50%	0.3797
	2041	2,357,911	123,713,170	5246.7%	856,747	44,951,196	5246.7%	4.50%	0.3634
	2042	1,862,863	112,008,446	6012.7%	647,724	38,945,726	6012.7%	4.50%	0.3477
	2043	1,458,558	100,581,620	6896.0%	485,307	33,466,583	6896.0%	4.50%	0.3327
	2044	1,131,501	89,639,859	7922.2%	360,273	28,541,554	7922.2%	4.50%	0.3184
	2045	869,486	79,332,591	9124.1%	264,925	24,171,956	9124.1%	4.50%	0.3047
	2046	661,632	69,746,573	10541.6%	192,913	20,336,057	10541.6%	4.50%	0.2916
	2047	498,390	60,922,479	12223.9%	139,058	16,998,286	12223.9%	4.50%	0.2790
	2048	371,495	52,870,576	14231.8%	99,189	14,116,445	14231.8%	4.50%	0.2670
	2049	273,896	45,585,483	16643.4%	69,981	11,647,201	16643.4%	4.50%	0.2555
	2050	199,649	39,048,241	19558.4%	48,814	9,547,292	19558.4%	4.50%	0.2445
	2051	143,809	33,231,367	23108.0%	33,647	7,775,183	23108.0%	4.50%	0.2340
	2052	102,307	28,102,295	27468.5%	22,906	6,291,988	27468.5%	4.50%	0.2239
	2053	71,839	23,620,519	32879.8%	15,392	5,060,801	32879.8%	4.50%	0.2143
	2054	49,753	19,736,956	39669.9%	10,201	4,046,632	39669.9%	4.50%	0.2050
	2055	33,952	16,397,075	48295.5%	6,661	3,217,093	48295.5%	4.50%	0.1962
	2056	22,799	13,544,455	59408.3%	4,281	2,542,977	59408.3%	4.50%	0.1878
	2057	15,039	11,123,715	73964.9%	2,702	1,998,548	73964.9%	4.50%	0.1797
	2058	9,723	9,082,027	93409.1%	1,672	1,561,461	93409.1%	4.50%	0.1719
	Past	1,540,349,937	997,483,489	64.8%	2,688,948,982	1,374,351,109	51.1%		
	Future	591,357,909	4,751,626,655	803.5%	450,842,718	2,659,985,321	590.0%		
	Lifetime	2,131,707,846	5,749,110,144	269.7%	3,139,791,701	4,034,336,430	128.5%		

Attachment 4
RiverSource Life Insurance Company
Nationwide Experience for All Policies
Adjusted for Cumulative Prior Approved Premium Rate Increases on a Nationwide Basis
With Requested Premium Rate Increase, Spread Over Three Years
Policy Form 30225

	Calendar Year	Loss Ratios Without Interest			Loss Ratios With Interest			Interest Rate	Mid-Year Disc / Accum Factor
		Written Premiums	Paid Claims	Loss Ratio	Written Premiums	Paid Claims	Loss Ratio		
Historical Experience	1992	2,036	0	0.0%	6,394	0	0.0%	4.50%	3.1407
	1993	5,556,615	13,547	0.2%	16,700,041	40,713	0.2%	4.50%	3.0054
	1994	17,825,880	208,825	1.2%	51,267,476	600,584	1.2%	4.50%	2.8760
	1995	34,145,078	625,670	1.8%	93,972,934	1,721,947	1.8%	4.50%	2.7522
	1996	53,670,548	1,857,109	3.5%	141,349,548	4,890,979	3.5%	4.50%	2.6337
	1997	68,425,569	3,431,602	5.0%	172,448,934	8,648,466	5.0%	4.50%	2.5202
	1998	73,990,402	5,325,832	7.2%	178,443,691	12,844,385	7.2%	4.50%	2.4117
	1999	71,486,370	8,076,349	11.3%	164,980,557	18,639,086	11.3%	4.50%	2.3079
	2000	68,330,724	11,757,458	17.2%	150,906,954	25,966,097	17.2%	4.50%	2.2085
	2001	65,747,741	15,674,175	23.8%	138,949,750	33,125,438	23.8%	4.50%	2.1134
	2002	63,410,911	20,051,909	31.6%	128,240,333	40,552,382	31.6%	4.50%	2.0224
	2003	61,180,360	24,598,396	40.2%	118,401,277	47,604,844	40.2%	4.50%	1.9353
	2004	59,151,846	29,009,793	49.0%	109,545,962	53,724,540	49.0%	4.50%	1.8519
	2005	62,610,113	33,192,536	53.0%	110,957,398	58,823,684	53.0%	4.50%	1.7722
	2006	67,267,683	35,832,071	53.3%	114,078,015	60,766,944	53.3%	4.50%	1.6959
	2007	64,458,174	39,770,691	61.7%	104,606,144	64,541,987	61.7%	4.50%	1.6229
	2008	64,468,436	45,142,884	70.0%	100,117,510	70,105,518	70.0%	4.50%	1.5530
	2009	67,575,641	50,577,080	74.8%	100,423,832	75,162,352	74.8%	4.50%	1.4861
	2010	68,590,894	55,454,386	80.8%	97,543,153	78,861,717	80.8%	4.50%	1.4221
	2011	68,087,990	59,294,322	87.1%	92,658,347	80,691,380	87.1%	4.50%	1.3609
	2012	67,697,086	67,125,916	99.2%	88,159,216	87,415,404	99.2%	4.50%	1.3023
	2013	66,727,721	73,118,485	109.6%	83,154,880	91,118,935	109.6%	4.50%	1.2462
	2014	68,671,294	78,847,456	114.8%	81,891,795	94,027,057	114.8%	4.50%	1.1925
	2015	65,753,304	83,983,138	127.7%	75,035,444	95,838,712	127.7%	4.50%	1.1412
	2016	68,201,828	95,960,576	140.7%	74,478,102	104,791,348	140.7%	4.50%	1.0920
	2017	65,973,345	104,285,776	158.1%	68,942,146	108,978,636	158.1%	4.50%	1.0450
	1/1/2018-6/30/2018	31,342,346	54,267,507	173.1%	31,689,148	54,867,977	173.1%	4.50%	1.0111
Projected Future Experience	7/1/2018-12/31/2018	35,303,486	62,136,146	176.0%	34,917,128	61,456,135	176.0%	4.50%	0.9891
	2019	67,100,172	112,490,751	167.6%	64,210,691	107,646,652	167.6%	4.50%	0.9569
	2020	70,867,933	129,911,514	183.3%	64,895,889	118,963,864	183.3%	4.50%	0.9157
	2021	75,817,867	144,633,007	190.8%	66,438,939	126,741,413	190.8%	4.50%	0.8763
	2022	74,141,602	154,720,837	208.7%	62,172,281	129,742,913	208.7%	4.50%	0.8386
	2023	67,234,022	161,309,409	239.9%	53,952,011	129,442,904	239.9%	4.50%	0.8025
	2024	60,553,022	167,639,505	276.8%	46,498,408	128,729,661	276.8%	4.50%	0.7679
	2025	54,223,636	173,871,692	320.7%	39,845,071	127,765,868	320.7%	4.50%	0.7348
	2026	48,279,512	179,313,883	371.4%	33,949,435	126,090,856	371.4%	4.50%	0.7032
	2027	42,738,858	183,811,088	430.1%	28,759,167	123,687,295	430.1%	4.50%	0.6729
	2028	37,598,977	187,369,737	498.3%	24,211,022	120,652,560	498.3%	4.50%	0.6439
	2029	32,863,009	189,834,682	577.7%	20,250,145	116,975,891	577.7%	4.50%	0.6162
	2030	28,533,500	191,065,410	669.6%	16,825,174	112,664,368	669.6%	4.50%	0.5897
	2031	24,599,838	190,990,831	776.4%	13,880,991	107,770,709	776.4%	4.50%	0.5643
	2032	21,052,699	189,557,806	900.4%	11,367,886	102,356,071	900.4%	4.50%	0.5400
	2033	17,885,378	186,722,200	1044.0%	9,241,740	96,483,178	1044.0%	4.50%	0.5167
	2034	15,086,092	182,469,784	1209.5%	7,459,610	90,225,711	1209.5%	4.50%	0.4945
	2035	12,632,290	176,793,532	1399.5%	5,977,302	83,654,524	1399.5%	4.50%	0.4732
	2036	10,498,058	169,734,581	1616.8%	4,753,524	76,855,881	1616.8%	4.50%	0.4528
	2037	8,656,731	161,382,077	1864.2%	3,750,977	69,927,143	1864.2%	4.50%	0.4333
	2038	7,081,397	151,881,957	2144.8%	2,936,251	62,976,769	2144.8%	4.50%	0.4146
	2039	5,745,285	141,451,455	2462.0%	2,279,657	56,126,159	2462.0%	4.50%	0.3968
	2040	4,622,159	130,424,036	2821.7%	1,755,038	49,522,122	2821.7%	4.50%	0.3797
	2041	3,686,673	119,115,835	3231.0%	1,339,553	43,280,754	3231.0%	4.50%	0.3634
	2042	2,914,702	107,819,297	3699.2%	1,013,452	37,489,144	3699.2%	4.50%	0.3477
	2043	2,283,656	96,797,779	4238.7%	759,842	32,207,583	4238.7%	4.50%	0.3327
	2044	1,772,730	86,249,456	4865.3%	564,442	27,462,041	4865.3%	4.50%	0.3184
	2045	1,363,069	76,317,188	5598.9%	415,315	23,253,189	5598.9%	4.50%	0.3047
	2046	1,037,831	67,083,459	6463.8%	302,601	19,559,571	6463.8%	4.50%	0.2916
	2047	782,206	58,586,517	7489.9%	218,247	16,346,518	7489.9%	4.50%	0.2790
	2048	583,357	50,835,494	8714.3%	155,756	13,573,078	8714.3%	4.50%	0.2670
	2049	430,311	43,824,598	10184.4%	109,945	11,197,290	10184.4%	4.50%	0.2555
	2050	313,811	37,534,972	11961.0%	76,727	9,177,297	11961.0%	4.50%	0.2445
	2051	226,140	31,939,671	14123.9%	52,910	7,472,963	14123.9%	4.50%	0.2340
	2052	160,945	27,006,948	16780.3%	36,035	6,046,745	16780.3%	4.50%	0.2239
	2053	113,057	22,697,502	20076.2%	24,223	4,863,041	20076.2%	4.50%	0.2143
	2054	78,327	18,963,857	24211.1%	16,059	3,888,125	24211.1%	4.50%	0.2050
	2055	53,468	15,753,365	29463.0%	10,490	3,090,798	29463.0%	4.50%	0.1962
	2056	35,916	13,011,614	36228.2%	6,743	2,442,936	36228.2%	4.50%	0.1878
	2057	23,698	10,685,235	45088.8%	4,258	1,919,768	45088.8%	4.50%	0.1797
	2058	15,325	8,723,352	56923.2%	2,635	1,499,795	56923.2%	4.50%	0.1719
	Past	1,540,349,937	997,483,489	64.8%	2,688,948,982	1,374,351,109	51.1%		
	Future	838,990,744	4,612,462,061	549.8%	625,437,570	2,591,229,282	414.3%		
	Lifetime	2,379,340,681	5,609,945,550	235.8%	3,314,386,552	3,965,580,392	119.6%		

Attachment 5
RiverSource Life Insurance Company
Pennsylvania Experience for All Policies
Before Premium Rate Increase
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1

	Calendar Year	Loss Ratios Without Interest			Loss Ratios With Interest			Interest Rate	Mid-Year Disc / Accum Factor
		Earned Premiums	Incurred Claims	Loss Ratio	Earned Premiums	Incurred Claims	Loss Ratio		
Historical Experience	1992	0	0	0.0%	0	0	0.0%	4.50%	3.1407
	1993	198,501	1,805	0.9%	596,580	5,426	0.9%	4.50%	3.0054
	1994	1,039,314	126,983	12.2%	2,989,082	365,206	12.2%	4.50%	2.8760
	1995	2,154,640	71,906	3.3%	5,929,928	197,896	3.3%	4.50%	2.7522
	1996	3,422,642	359,618	10.5%	9,014,047	947,109	10.5%	4.50%	2.6337
	1997	4,629,141	717,643	15.5%	11,666,553	1,808,633	15.5%	4.50%	2.5202
	1998	5,230,356	1,138,552	21.8%	12,614,122	2,745,863	21.8%	4.50%	2.4117
	1999	4,947,710	1,096,744	22.2%	11,418,624	2,531,131	22.2%	4.50%	2.3079
	2000	4,735,235	1,469,516	31.0%	10,457,665	3,245,395	31.0%	4.50%	2.2085
	2001	4,566,313	1,900,976	41.6%	9,650,340	4,017,478	41.6%	4.50%	2.1134
	2002	4,435,434	1,965,398	44.3%	8,970,090	3,974,762	44.3%	4.50%	2.0224
	2003	4,281,318	3,081,137	72.0%	8,285,559	5,962,870	72.0%	4.50%	1.9353
	2004	4,139,863	2,442,583	59.0%	7,666,799	4,523,530	59.0%	4.50%	1.8519
	2005	4,193,213	2,440,334	58.2%	7,431,196	4,324,751	58.2%	4.50%	1.7722
	2006	4,602,096	3,485,891	75.7%	7,804,609	5,911,657	75.7%	4.50%	1.6959
	2007	4,403,394	2,032,465	46.2%	7,146,062	3,298,392	46.2%	4.50%	1.6229
	2008	4,281,384	3,306,595	77.2%	6,648,859	5,135,042	77.2%	4.50%	1.5530
	2009	4,517,277	4,043,310	89.5%	6,713,104	6,008,743	89.5%	4.50%	1.4861
	2010	4,673,237	2,609,866	55.8%	6,645,813	3,711,492	55.8%	4.50%	1.4221
	2011	4,574,695	5,161,956	112.8%	6,225,528	7,024,709	112.8%	4.50%	1.3609
	2012	4,654,107	4,708,565	101.2%	6,060,858	6,131,776	101.2%	4.50%	1.3023
	2013	4,492,667	9,711,362	216.2%	5,598,680	12,102,123	216.2%	4.50%	1.2462
	2014	4,702,595	6,115,793	130.1%	5,607,932	7,293,197	130.1%	4.50%	1.1925
	2015	4,496,211	7,683,514	170.9%	5,130,924	8,768,166	170.9%	4.50%	1.1412
	2016	4,545,041	7,255,629	159.6%	4,963,299	7,923,328	159.6%	4.50%	1.0920
	2017	4,424,784	7,708,099	174.2%	4,623,899	8,054,963	174.2%	4.50%	1.0450
	1/1/2018-6/30/2018	2,141,109	4,273,304	199.6%	2,164,800	4,320,588	199.6%	4.50%	1.0111
Projected Future Experience	7/1/2018-12/31/2018	2,166,731	4,451,131	205.4%	2,143,018	4,402,418	205.4%	4.50%	0.9891
	2019	4,128,094	9,332,843	226.1%	3,950,330	8,930,950	226.1%	4.50%	0.9569
	2020	3,790,552	9,879,471	260.6%	3,471,122	9,046,928	260.6%	4.50%	0.9157
	2021	3,459,935	10,414,733	301.0%	3,031,930	9,126,395	301.0%	4.50%	0.8763
	2022	3,138,374	10,898,358	347.3%	2,631,719	9,138,942	347.3%	4.50%	0.8386
	2023	2,827,997	11,303,935	399.7%	2,269,329	9,070,854	399.7%	4.50%	0.8025
	2024	2,531,531	11,623,162	459.1%	1,943,952	8,925,377	459.1%	4.50%	0.7679
	2025	2,251,561	11,834,184	525.6%	1,654,511	8,696,095	525.6%	4.50%	0.7348
	2026	1,989,863	11,933,355	599.7%	1,399,242	8,391,357	599.7%	4.50%	0.7032
	2027	1,747,229	11,942,024	683.5%	1,175,718	8,035,841	683.5%	4.50%	0.6729
	2028	1,523,654	11,858,685	778.3%	981,123	7,636,135	778.3%	4.50%	0.6439
	2029	1,319,151	11,671,465	884.8%	812,859	7,191,942	884.8%	4.50%	0.6162
	2030	1,133,929	11,386,109	1004.1%	668,637	6,713,977	1004.1%	4.50%	0.5897
	2031	967,333	11,005,577	1137.7%	545,839	6,210,135	1137.7%	4.50%	0.5643
	2032	818,594	10,519,216	1285.0%	442,019	5,680,091	1285.0%	4.50%	0.5400
	2033	687,416	9,928,293	1444.3%	355,202	5,130,152	1444.3%	4.50%	0.5167
	2034	572,930	9,236,828	1612.2%	283,296	4,567,328	1612.2%	4.50%	0.4945
	2035	473,842	8,471,489	1787.8%	224,211	4,008,509	1787.8%	4.50%	0.4732
	2036	388,807	7,647,838	1967.0%	176,052	3,462,944	1967.0%	4.50%	0.4528
	2037	316,468	6,799,065	2148.4%	137,126	2,946,047	2148.4%	4.50%	0.4333
	2038	255,482	5,963,374	2334.2%	105,934	2,472,671	2334.2%	4.50%	0.4146
	2039	204,542	5,171,522	2528.3%	81,160	2,051,995	2528.3%	4.50%	0.3968
	2040	162,392	4,437,208	2732.4%	61,660	1,684,812	2732.4%	4.50%	0.3797
	2041	127,846	3,766,956	2946.5%	46,453	1,368,724	2946.5%	4.50%	0.3634
	2042	99,802	3,169,441	3175.7%	34,701	1,102,026	3175.7%	4.50%	0.3477
	2043	77,250	2,646,963	3426.5%	25,703	880,726	3426.5%	4.50%	0.3327
	2044	59,285	2,193,895	3700.6%	18,877	698,542	3700.6%	4.50%	0.3184
	2045	45,108	1,805,060	4001.6%	13,744	549,986	4001.6%	4.50%	0.3047
	2046	34,024	1,473,975	4332.2%	9,920	429,768	4332.2%	4.50%	0.2916
	2047	25,437	1,192,829	4689.3%	7,097	332,817	4689.3%	4.50%	0.2790
	2048	18,848	954,299	5063.2%	5,032	254,798	5063.2%	4.50%	0.2670
	2049	13,838	755,242	5457.7%	3,536	192,966	5457.7%	4.50%	0.2555
	2050	10,066	588,848	5850.2%	2,461	143,973	5850.2%	4.50%	0.2445
	2051	7,252	452,139	6234.9%	1,697	105,787	6234.9%	4.50%	0.2340
	2052	5,173	343,306	6636.3%	1,158	76,865	6636.3%	4.50%	0.2239
	2053	3,652	257,886	7060.8%	783	55,253	7060.8%	4.50%	0.2143
	2054	2,550	191,510	7508.7%	523	39,265	7508.7%	4.50%	0.2050
	2055	1,760	140,448	7980.1%	345	27,556	7980.1%	4.50%	0.1962
	2056	1,199	101,570	8474.3%	225	19,070	8474.3%	4.50%	0.1878
	2057	804	72,297	8991.1%	144	12,989	8991.1%	4.50%	0.1797
	2058	530	50,527	9530.6%	91	8,687	9530.6%	4.50%	0.1719
	Past	104,482,278	84,909,544	81.3%	182,024,952	120,334,227	66.1%		
	Future	37,390,833	237,867,058	636.2%	28,718,480	149,821,694	521.7%		
	Lifetime	141,873,111	322,776,602	227.5%	210,743,432	270,155,921	128.2%		

Attachment 5
RiverSource Life Insurance Company
Pennsylvania Experience for All Policies
With Requested Premium Rate Increase, Spread Over Three Years
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1

	Calendar Year	Loss Ratios Without Interest			Loss Ratios With Interest			Interest Rate	Mid-Year Disc / Accum Factor
		Earned Premiums	Incurred Claims	Loss Ratio	Earned Premiums	Incurred Claims	Loss Ratio		
Historical Experience	1992	0	0	0.0%	0	0	0.0%	4.50%	3.1407
	1993	198,501	1,805	0.9%	596,580	5,426	0.9%	4.50%	3.0054
	1994	1,039,314	126,983	12.2%	2,989,082	365,206	12.2%	4.50%	2.8760
	1995	2,154,640	71,906	3.3%	5,929,928	197,896	3.3%	4.50%	2.7522
	1996	3,422,642	359,618	10.5%	9,014,047	947,109	10.5%	4.50%	2.6337
	1997	4,629,141	717,643	15.5%	11,666,553	1,808,633	15.5%	4.50%	2.5202
	1998	5,230,356	1,138,552	21.8%	12,614,122	2,745,863	21.8%	4.50%	2.4117
	1999	4,947,710	1,096,744	22.2%	11,418,624	2,531,131	22.2%	4.50%	2.3079
	2000	4,735,235	1,469,516	31.0%	10,457,665	3,245,395	31.0%	4.50%	2.2085
	2001	4,566,313	1,900,976	41.6%	9,650,340	4,017,478	41.6%	4.50%	2.1134
	2002	4,435,434	1,965,398	44.3%	8,970,090	3,974,762	44.3%	4.50%	2.0224
	2003	4,281,318	3,081,137	72.0%	8,285,559	5,962,870	72.0%	4.50%	1.9353
	2004	4,139,863	2,442,583	59.0%	7,666,799	4,523,530	59.0%	4.50%	1.8519
	2005	4,193,213	2,440,334	58.2%	7,431,196	4,324,751	58.2%	4.50%	1.7722
	2006	4,602,096	3,485,891	75.7%	7,804,609	5,911,657	75.7%	4.50%	1.6959
	2007	4,403,394	2,032,465	46.2%	7,146,062	3,298,392	46.2%	4.50%	1.6229
	2008	4,281,384	3,306,595	77.2%	6,648,859	5,135,042	77.2%	4.50%	1.5530
	2009	4,517,277	4,043,310	89.5%	6,713,104	6,008,743	89.5%	4.50%	1.4861
	2010	4,673,237	2,609,866	55.8%	6,645,813	3,711,492	55.8%	4.50%	1.4221
	2011	4,574,695	5,161,956	112.8%	6,225,528	7,024,709	112.8%	4.50%	1.3609
	2012	4,654,107	4,708,565	101.2%	6,060,858	6,131,776	101.2%	4.50%	1.3023
	2013	4,492,667	9,711,362	216.2%	5,598,680	12,102,123	216.2%	4.50%	1.2462
	2014	4,702,595	6,115,793	130.1%	5,607,932	7,293,197	130.1%	4.50%	1.1925
	2015	4,496,211	7,683,514	170.9%	5,130,924	8,768,166	170.9%	4.50%	1.1412
	2016	4,545,041	7,255,629	159.6%	4,963,299	7,923,328	159.6%	4.50%	1.0920
	2017	4,424,784	7,708,099	174.2%	4,623,899	8,054,963	174.2%	4.50%	1.0450
	1/1/2018-6/30/2018	2,141,109	4,273,304	199.6%	2,164,800	4,320,588	199.6%	4.50%	1.0111
Projected Future Experience	7/1/2018-12/31/2018	2,166,731	4,451,131	205.4%	2,143,018	4,402,418	205.4%	4.50%	0.9891
	2019	4,277,542	9,306,621	217.6%	4,093,342	8,905,858	217.6%	4.50%	0.9569
	2020	4,449,847	9,815,679	220.6%	4,074,858	8,988,511	220.6%	4.50%	0.9157
	2021	4,734,674	10,103,740	213.4%	4,148,979	8,853,873	213.4%	4.50%	0.8763
	2022	4,775,202	10,587,178	221.7%	4,004,300	8,877,998	221.7%	4.50%	0.8386
	2023	4,320,053	10,971,212	254.0%	3,466,631	8,803,861	254.0%	4.50%	0.8025
	2024	3,871,767	11,270,489	291.1%	2,973,114	8,654,560	291.1%	4.50%	0.7679
	2025	3,447,736	11,465,152	332.5%	2,533,494	8,424,920	332.5%	4.50%	0.7348
	2026	3,050,757	11,551,877	378.7%	2,145,247	8,123,108	378.7%	4.50%	0.7032
	2027	2,682,091	11,551,502	430.7%	1,804,791	7,773,057	430.7%	4.50%	0.6729
	2028	2,341,799	11,462,766	489.5%	1,507,949	7,381,192	489.5%	4.50%	0.6439
	2029	2,029,987	11,274,389	555.4%	1,250,875	6,947,264	555.4%	4.50%	0.6162
	2030	1,747,097	10,992,104	629.2%	1,030,200	6,481,646	629.2%	4.50%	0.5897
	2031	1,492,229	10,618,845	711.6%	842,023	5,991,913	711.6%	4.50%	0.5643
	2032	1,264,295	10,144,430	802.4%	682,685	5,477,717	802.4%	4.50%	0.5400
	2033	1,062,948	9,570,155	900.3%	549,247	4,945,095	900.3%	4.50%	0.5167
	2034	886,944	8,899,943	1003.4%	438,566	4,400,749	1003.4%	4.50%	0.4945
	2035	734,380	8,159,448	1111.1%	347,491	3,860,858	1111.1%	4.50%	0.4732
	2036	603,258	7,363,631	1220.6%	273,156	3,334,255	1220.6%	4.50%	0.4528
	2037	491,555	6,544,384	1331.4%	212,992	2,835,693	1331.4%	4.50%	0.4333
	2038	397,254	5,738,364	1444.5%	164,719	2,379,372	1444.5%	4.50%	0.4146
	2039	318,383	4,975,072	1562.6%	126,330	1,974,046	1562.6%	4.50%	0.3968
	2040	253,039	4,267,603	1686.5%	96,079	1,620,413	1686.5%	4.50%	0.3797
	2041	199,417	3,622,145	1816.4%	72,458	1,316,107	1816.4%	4.50%	0.3634
	2042	155,833	3,046,952	1955.3%	54,184	1,059,436	1955.3%	4.50%	0.3477
	2043	120,743	2,544,158	2107.1%	40,175	846,519	2107.1%	4.50%	0.3327
	2044	92,758	2,108,293	2272.9%	29,534	671,286	2272.9%	4.50%	0.3184
	2045	70,647	1,734,328	2454.9%	21,526	528,435	2454.9%	4.50%	0.3047
	2046	53,339	1,415,987	2654.7%	15,552	412,860	2654.7%	4.50%	0.2916
	2047	39,917	1,145,730	2870.3%	11,137	319,676	2870.3%	4.50%	0.2790
	2048	29,604	916,491	3095.8%	7,904	244,703	3095.8%	4.50%	0.2670
	2049	21,755	725,227	3333.6%	5,558	185,297	3333.6%	4.50%	0.2555
	2050	15,838	565,379	3569.7%	3,872	138,235	3569.7%	4.50%	0.2445
	2051	11,420	434,071	3800.9%	2,672	101,560	3800.9%	4.50%	0.2340
	2052	8,153	329,554	4042.0%	1,825	73,786	4042.0%	4.50%	0.2239
	2053	5,761	247,532	4296.9%	1,234	53,035	4296.9%	4.50%	0.2143
	2054	4,026	183,805	4565.9%	825	37,685	4565.9%	4.50%	0.2050
	2055	2,780	134,786	4849.1%	545	26,445	4849.1%	4.50%	0.1962
	2056	1,894	97,469	5146.2%	356	18,300	5146.2%	4.50%	0.1878
	2057	1,271	69,372	5457.1%	228	12,464	5457.1%	4.50%	0.1797
	2058	838	48,480	5781.8%	144	8,335	5781.8%	4.50%	0.1719
	Past	104,482,278	84,909,544	81.3%	182,024,952	120,334,227	66.1%		
	Future	52,235,562	230,455,474	441.2%	39,179,817	145,492,541	371.3%		
	Lifetime	156,717,840	315,365,018	201.2%	221,204,769	265,826,769	120.2%		

Attachment 6
RiverSource Life Insurance Company
Pennsylvania Experience for All Policies
Before Premium Rate Increase
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1

	Calendar Year	Loss Ratios Without Interest			Loss Ratios With Interest			Interest Rate	Mid-Year Disc / Accum Factor
		Written Premiums	Paid Claims	Loss Ratio	Written Premiums	Paid Claims	Loss Ratio		
Historical Experience	1992	0	0	0.0%	0	0	0.0%	4.50%	3.1407
	1993	427,780	1,700	0.4%	1,285,664	5,109	0.4%	4.50%	3.0054
	1994	1,377,285	11,754	0.9%	3,961,091	33,805	0.9%	4.50%	2.8760
	1995	2,533,529	51,566	2.0%	6,972,694	141,918	2.0%	4.50%	2.7522
	1996	3,883,620	99,863	2.6%	10,228,104	263,005	2.6%	4.50%	2.6337
	1997	4,915,408	229,820	4.7%	12,388,013	579,202	4.7%	4.50%	2.5202
	1998	5,167,994	436,944	8.5%	12,463,725	1,053,785	8.5%	4.50%	2.4117
	1999	4,869,791	707,022	14.5%	11,238,798	1,631,708	14.5%	4.50%	2.3079
	2000	4,674,435	861,750	18.4%	10,323,390	1,903,156	18.4%	4.50%	2.2085
	2001	4,522,786	1,158,704	25.6%	9,558,351	2,448,778	25.6%	4.50%	2.1134
	2002	4,390,926	1,430,101	32.6%	8,880,077	2,892,194	32.6%	4.50%	2.0224
	2003	4,238,994	1,605,408	37.9%	8,203,652	3,106,918	37.9%	4.50%	1.9353
	2004	4,069,107	2,005,505	49.3%	7,535,762	3,714,085	49.3%	4.50%	1.8519
	2005	4,410,289	2,564,661	58.2%	7,815,897	4,545,083	58.2%	4.50%	1.7722
	2006	4,534,112	2,573,149	56.8%	7,689,316	4,363,755	56.8%	4.50%	1.6959
	2007	4,327,041	2,415,364	55.8%	7,022,151	3,919,781	55.8%	4.50%	1.6229
	2008	4,353,199	2,473,686	56.8%	6,760,385	3,841,559	56.8%	4.50%	1.5530
	2009	4,573,099	3,021,450	66.1%	6,796,061	4,490,162	66.1%	4.50%	1.4861
	2010	4,634,687	3,179,901	68.6%	6,590,991	4,522,139	68.6%	4.50%	1.4221
	2011	4,606,092	3,048,560	66.2%	6,268,255	4,148,668	66.2%	4.50%	1.3609
	2012	4,593,153	4,004,225	87.2%	5,981,480	5,214,542	87.2%	4.50%	1.3023
	2013	4,527,013	4,875,563	107.7%	5,641,482	6,075,839	107.7%	4.50%	1.2462
	2014	4,664,884	5,501,238	117.9%	5,562,961	6,560,328	117.9%	4.50%	1.1925
	2015	4,441,272	5,722,992	128.9%	5,068,229	6,530,884	128.9%	4.50%	1.1412
	2016	4,575,889	6,841,116	149.5%	4,996,985	7,470,669	149.5%	4.50%	1.0920
	2017	4,366,254	6,931,929	158.8%	4,562,736	7,243,866	158.8%	4.50%	1.0450
	1/1/2018-6/30/2018	2,074,646	3,626,876	174.8%	2,097,602	3,667,008	174.8%	4.50%	1.0111
Projected Future Experience	7/1/2018-12/31/2018	2,300,913	4,963,939	215.7%	2,275,732	4,909,615	215.7%	4.50%	0.9891
	2019	4,120,184	7,662,768	186.0%	3,942,759	7,332,792	186.0%	4.50%	0.9569
	2020	3,782,192	8,746,411	231.3%	3,463,467	8,009,351	231.3%	4.50%	0.9157
	2021	3,451,312	9,823,958	284.6%	3,024,373	8,608,701	284.6%	4.50%	0.8763
	2022	3,129,545	10,623,217	339.4%	2,624,316	8,908,219	339.4%	4.50%	0.8386
	2023	2,819,084	11,096,695	393.6%	2,262,177	8,904,554	393.6%	4.50%	0.8025
	2024	2,522,588	11,516,133	456.5%	1,937,084	8,843,189	456.5%	4.50%	0.7679
	2025	2,242,826	11,931,735	532.0%	1,648,093	8,767,778	532.0%	4.50%	0.7348
	2026	1,981,519	12,271,419	619.3%	1,393,375	8,629,079	619.3%	4.50%	0.7032
	2027	1,739,392	12,524,371	720.0%	1,170,445	8,427,705	720.0%	4.50%	0.6729
	2028	1,516,401	12,692,755	837.0%	976,452	8,173,216	837.0%	4.50%	0.6439
	2029	1,312,624	12,774,561	973.2%	808,837	7,871,669	973.2%	4.50%	0.6162
	2030	1,128,131	12,762,716	1131.3%	665,218	7,525,712	1131.3%	4.50%	0.5897
	2031	962,184	12,655,745	1315.3%	542,933	7,141,278	1315.3%	4.50%	0.5643
	2032	814,083	12,452,922	1529.7%	439,583	6,724,240	1529.7%	4.50%	0.5400
	2033	683,515	12,152,960	1778.0%	353,186	6,279,683	1778.0%	4.50%	0.5167
	2034	569,588	11,756,391	2064.0%	281,644	5,813,175	2064.0%	4.50%	0.4945
	2035	471,000	11,264,674	2391.6%	222,866	5,330,177	2391.6%	4.50%	0.4732
	2036	386,405	10,683,730	2764.9%	174,965	4,837,597	2764.9%	4.50%	0.4528
	2037	314,451	10,022,810	3187.4%	136,252	4,342,901	3187.4%	4.50%	0.4333
	2038	253,798	9,297,394	3663.3%	105,236	3,855,098	3663.3%	4.50%	0.4146
	2039	203,144	8,529,340	4198.7%	80,605	3,384,335	4198.7%	4.50%	0.3968
	2040	161,237	7,743,913	4802.8%	61,222	2,940,371	4802.8%	4.50%	0.3797
	2041	126,895	6,963,475	5487.6%	46,107	2,530,180	5487.6%	4.50%	0.3634
	2042	99,021	6,206,290	6267.6%	34,430	2,157,949	6267.6%	4.50%	0.3477
	2043	76,611	5,488,210	7163.7%	25,491	1,826,095	7163.7%	4.50%	0.3327
	2044	58,764	4,818,792	8200.3%	18,711	1,534,315	8200.3%	4.50%	0.3184
	2045	44,683	4,205,205	9411.2%	13,615	1,281,290	9411.2%	4.50%	0.3047
	2046	33,678	3,649,534	10836.5%	9,820	1,064,097	10836.5%	4.50%	0.2916
	2047	25,158	3,151,137	12525.5%	7,019	879,214	12525.5%	4.50%	0.2790
	2048	18,623	2,707,290	14537.7%	4,972	722,847	14537.7%	4.50%	0.2670
	2049	13,658	2,314,434	16945.9%	3,490	591,343	16945.9%	4.50%	0.2555
	2050	9,922	1,968,706	19840.9%	2,426	481,348	19840.9%	4.50%	0.2445
	2051	7,139	1,665,794	23332.7%	1,670	389,748	23332.7%	4.50%	0.2340
	2052	5,086	1,402,176	27570.4%	1,139	313,941	27570.4%	4.50%	0.2239
	2053	3,585	1,174,436	32756.3%	768	251,628	32756.3%	4.50%	0.2143
	2054	2,500	979,004	39163.3%	513	200,723	39163.3%	4.50%	0.2050
	2055	1,722	812,278	47164.4%	338	159,368	47164.4%	4.50%	0.1962
	2056	1,171	670,806	57288.3%	220	125,944	57288.3%	4.50%	0.1878
	2057	784	551,348	70302.4%	141	99,058	70302.4%	4.50%	0.1797
	2058	516	450,929	87348.2%	89	77,528	87348.2%	4.50%	0.1719
	Past	105,753,286	65,380,847	61.8%	185,893,852	90,367,948	48.6%		
	Future	37,395,635	295,130,400	789.2%	28,761,777	170,247,053	591.9%		
	Lifetime	143,148,921	360,511,248	251.8%	214,655,628	260,615,000	121.4%		

Attachment 6
RiverSource Life Insurance Company
Pennsylvania Experience for All Policies
With Requested Premium Rate Increase, Spread Over Three Years
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1

	Calendar Year	Loss Ratios Without Interest			Loss Ratios With Interest			Interest Rate	Mid-Year Disc / Accum Factor
		Written Premiums	Paid Claims	Loss Ratio	Written Premiums	Paid Claims	Loss Ratio		
Historical Experience	1992	0	0	0.0%	0	0	0.0%	4.50%	3.1407
	1993	427,780	1,700	0.4%	1,285,664	5,109	0.4%	4.50%	3.0054
	1994	1,377,285	11,754	0.9%	3,961,091	33,805	0.9%	4.50%	2.8760
	1995	2,533,529	51,566	2.0%	6,972,694	141,918	2.0%	4.50%	2.7522
	1996	3,883,620	99,863	2.6%	10,228,104	263,005	2.6%	4.50%	2.6337
	1997	4,915,408	229,820	4.7%	12,388,013	579,202	4.7%	4.50%	2.5202
	1998	5,167,994	436,944	8.5%	12,463,725	1,053,785	8.5%	4.50%	2.4117
	1999	4,869,791	707,022	14.5%	11,238,798	1,631,708	14.5%	4.50%	2.3079
	2000	4,674,435	861,750	18.4%	10,323,390	1,903,156	18.4%	4.50%	2.2085
	2001	4,522,786	1,158,704	25.6%	9,558,351	2,448,778	25.6%	4.50%	2.1134
	2002	4,390,926	1,430,101	32.6%	8,880,077	2,892,194	32.6%	4.50%	2.0224
	2003	4,238,994	1,605,408	37.9%	8,203,652	3,106,918	37.9%	4.50%	1.9353
	2004	4,069,107	2,005,505	49.3%	7,535,762	3,714,085	49.3%	4.50%	1.8519
	2005	4,410,289	2,564,661	58.2%	7,815,897	4,545,083	58.2%	4.50%	1.7722
	2006	4,534,112	2,573,149	56.8%	7,689,316	4,363,755	56.8%	4.50%	1.6959
	2007	4,327,041	2,415,364	55.8%	7,022,151	3,919,781	55.8%	4.50%	1.6229
	2008	4,353,199	2,473,686	56.8%	6,760,385	3,841,559	56.8%	4.50%	1.5530
	2009	4,573,099	3,021,450	66.1%	6,796,061	4,490,162	66.1%	4.50%	1.4861
	2010	4,634,687	3,179,901	68.6%	6,590,991	4,522,139	68.6%	4.50%	1.4221
	2011	4,606,092	3,048,560	66.2%	6,268,255	4,148,668	66.2%	4.50%	1.3609
	2012	4,593,153	4,004,225	87.2%	5,981,480	5,214,542	87.2%	4.50%	1.3023
	2013	4,527,013	4,875,563	107.7%	5,641,482	6,075,839	107.7%	4.50%	1.2462
	2014	4,664,884	5,501,238	117.9%	5,562,961	6,560,328	117.9%	4.50%	1.1925
	2015	4,441,272	5,722,992	128.9%	5,068,229	6,530,884	128.9%	4.50%	1.1412
	2016	4,575,889	6,841,116	149.5%	4,996,985	7,470,669	149.5%	4.50%	1.0920
	2017	4,366,254	6,931,929	158.8%	4,562,736	7,243,866	158.8%	4.50%	1.0450
	1/1/2018-6/30/2018	2,074,646	3,626,876	174.8%	2,097,602	3,667,008	174.8%	4.50%	1.0111
Projected Future Experience	7/1/2018-12/31/2018	2,300,913	4,963,939	215.7%	2,275,732	4,909,615	215.7%	4.50%	0.9891
	2019	4,397,274	7,660,072	174.2%	4,207,918	7,330,213	174.2%	4.50%	0.9569
	2020	4,626,639	8,735,808	188.8%	4,236,752	7,999,641	188.8%	4.50%	0.9157
	2021	4,923,988	9,759,357	198.2%	4,314,874	8,552,092	198.2%	4.50%	0.8763
	2022	4,770,601	10,474,384	219.6%	4,000,441	8,783,413	219.6%	4.50%	0.8386
	2023	4,307,062	10,882,717	252.7%	3,456,206	8,732,848	252.7%	4.50%	0.8025
	2024	3,858,697	11,249,179	291.5%	2,963,077	8,638,197	291.5%	4.50%	0.7679
	2025	3,434,949	11,624,919	338.4%	2,524,098	8,542,321	338.4%	4.50%	0.7348
	2026	3,038,513	11,934,851	392.8%	2,136,637	8,392,410	392.8%	4.50%	0.7032
	2027	2,670,558	12,162,981	455.4%	1,797,030	8,184,524	455.4%	4.50%	0.6729
	2028	2,331,093	12,311,302	528.1%	1,501,055	7,927,588	528.1%	4.50%	0.6439
	2029	2,020,330	12,377,674	612.7%	1,244,925	7,627,107	612.7%	4.50%	0.6162
	2030	1,738,497	12,354,973	710.7%	1,025,129	7,285,281	710.7%	4.50%	0.5897
	2031	1,484,570	12,241,640	824.6%	837,701	6,907,610	824.6%	4.50%	0.5643
	2032	1,257,566	12,036,936	957.2%	679,052	6,499,619	957.2%	4.50%	0.5400
	2033	1,057,112	11,739,600	1110.5%	546,231	6,066,091	1110.5%	4.50%	0.5167
	2034	881,930	11,350,161	1287.0%	436,087	5,612,307	1287.0%	4.50%	0.4945
	2035	730,102	10,870,005	1488.8%	345,467	5,143,430	1488.8%	4.50%	0.4732
	2036	599,632	10,304,811	1718.5%	271,513	4,666,022	1718.5%	4.50%	0.4528
	2037	488,499	9,663,479	1978.2%	211,668	4,187,203	1978.2%	4.50%	0.4333
	2038	394,695	8,960,866	2270.3%	163,658	3,715,559	2270.3%	4.50%	0.4146
	2039	316,252	8,217,923	2598.5%	125,485	3,260,768	2598.5%	4.50%	0.3968
	2040	251,271	7,458,947	2968.5%	95,408	2,832,169	2968.5%	4.50%	0.3797
	2041	197,957	6,705,461	3387.3%	71,928	2,436,430	3387.3%	4.50%	0.3634
	2042	154,631	5,974,901	3864.0%	53,766	2,077,494	3864.0%	4.50%	0.3477
	2043	119,757	5,282,435	4411.0%	39,847	1,757,628	4411.0%	4.50%	0.3327
	2044	91,950	4,637,146	5043.1%	29,277	1,476,479	5043.1%	4.50%	0.3184
	2045	69,986	4,045,907	5781.0%	21,324	1,232,753	5781.0%	4.50%	0.3047
	2046	52,801	3,510,649	6648.8%	15,395	1,023,602	6648.8%	4.50%	0.2916
	2047	39,480	3,030,701	7676.6%	11,015	845,611	7676.6%	4.50%	0.2790
	2048	29,251	2,603,400	8900.1%	7,810	695,108	8900.1%	4.50%	0.2670
	2049	21,472	2,225,284	10363.6%	5,486	568,565	10363.6%	4.50%	0.2555
	2050	15,613	1,892,607	12121.9%	3,817	462,742	12121.9%	4.50%	0.2445
	2051	11,243	1,601,193	14241.5%	2,631	374,633	14241.5%	4.50%	0.2340
	2052	8,016	1,347,632	16812.8%	1,795	301,729	16812.8%	4.50%	0.2239
	2053	5,655	1,128,620	19958.1%	1,212	241,812	19958.1%	4.50%	0.2143
	2054	3,945	940,709	23842.8%	809	192,872	23842.8%	4.50%	0.2050
	2055	2,720	780,424	28692.9%	534	153,119	28692.9%	4.50%	0.1962
	2056	1,850	644,437	34829.1%	347	120,993	34829.1%	4.50%	0.1878
	2057	1,240	529,626	42716.8%	223	95,156	42716.8%	4.50%	0.1797
	2058	816	433,125	53048.1%	140	74,467	53048.1%	4.50%	0.1719
	Past	105,753,286	65,380,847	61.8%	185,893,852	90,367,948	48.6%		
	Future	52,709,128	286,650,782	543.8%	39,663,500	165,927,219	418.3%		
	Lifetime	158,462,414	352,031,630	222.2%	225,557,352	256,295,167	113.6%		

Attachment 7
RiverSource Life Insurance Company
Reserve Balances as of June 30, 2018

Incurred Year	Nationwide Policy Form 30225		Pennsylvania Forms 30225-PA, 30225-PA1 and 30225	
	Claim Reserve ¹	Active Life Reserve ²	Claim Reserve ¹	Active Life Reserve ²
1992	0		0	
1993	0		0	
1994	0		0	
1995	91,661		0	
1996	0		0	
1997	0		0	
1998	0		0	
1999	0		0	
2000	0		0	
2001	196,315		0	
2002	336,649		0	
2003	153,657		55,411	
2004	231,778		0	
2005	152,974		0	
2006	1,282,063		119,271	
2007	1,295,280		0	
2008	1,098,133		61,817	
2009	1,391,357		157,562	
2010	2,345,740		59,898	
2011	7,424,209		304,973	
2012	8,197,467		41,928	
2013	14,865,372		2,085,728	
2014	19,911,252		1,582,110	
2015	32,836,344		2,520,261	
2016	58,393,275		4,067,118	
2017	94,522,272		6,005,538	
2018	59,509,492	1,698,525,521	4,140,754	106,772,411

¹ Claim reserve is the sum of disabled life reserve and incurred but not reported reserve (IBNR).

Disabled life reserve is discounted to the original loss date using 4.50%, and IBNR is allocated to calendar years 2015 through 2018 then discounted to the time it is assumed to incur at 4.50%.

² Active Life Reserve is defined as "midterminal" and includes an unearned premium reserve.

Attachment 8
RiverSource Life Insurance Company
Nationwide Experience for All Policies
Adjusted for Cumulative Prior Approved Premium Rate Increases on a Nationwide Basis
Before Premium Rate Increase
Policy Form 30225

Policy Duration	Earned Premiums	Incurred Claims	Loss Ratio
1	85,662,018	1,807,843	2.1%
2	80,269,047	5,977,293	7.4%
3	75,810,082	10,424,756	13.8%
4	72,127,691	15,985,116	22.2%
5	69,162,714	21,600,390	31.2%
6	66,569,139	24,074,203	36.2%
7	64,138,048	26,486,747	41.3%
8	62,383,049	31,058,565	49.8%
9	62,498,150	35,964,041	57.5%
10	63,447,295	38,504,541	60.7%
11	64,441,649	43,077,865	66.8%
12	65,598,518	47,209,612	72.0%
13	67,318,115	48,872,709	72.6%
14	67,744,590	50,682,694	74.8%
15	68,338,890	58,532,218	85.6%
16	68,805,528	69,993,140	101.7%
17	69,044,712	73,431,417	106.4%
18	68,902,039	78,278,738	113.6%
19	68,521,483	81,623,969	119.1%
20	68,372,487	97,816,569	143.1%
21	67,429,673	121,090,064	179.6%
22	66,285,400	143,102,927	215.9%
23	64,035,592	145,076,257	226.6%
24	60,938,765	148,665,229	244.0%
25	56,752,794	159,137,378	280.4%
26	52,420,837	163,163,868	311.3%
27	47,627,110	168,449,131	353.7%
28	42,948,878	175,286,263	408.1%
29	38,506,713	180,855,223	469.7%
30	34,329,250	185,183,801	539.4%
31	30,429,623	188,466,402	619.4%
32	26,782,823	189,909,146	709.1%
33	23,414,051	189,559,579	809.6%
34	20,348,959	188,000,485	923.9%
35	17,543,179	184,631,096	1052.4%
36	14,994,701	179,327,880	1195.9%
37	12,723,723	172,441,356	1355.3%
38	10,716,387	164,021,491	1530.6%
39	8,955,667	154,028,847	1719.9%
40	7,423,707	142,805,298	1923.6%
41	6,102,086	129,676,879	2125.1%
42	4,972,131	115,973,836	2332.5%
43	4,015,033	102,244,110	2546.5%
44	3,212,196	88,848,399	2766.0%
45	2,545,492	76,244,568	2995.3%
46	1,997,530	64,749,938	3241.5%
47	1,551,896	54,427,655	3507.2%
48	1,193,358	45,277,968	3794.2%
49	908,020	37,249,760	4102.3%
50	683,428	30,269,165	4429.0%
51	508,623	24,252,212	4768.2%
52	374,127	19,147,563	5117.9%
53	271,872	14,873,751	5470.9%
54	195,086	11,357,189	5821.6%
55	138,165	8,551,611	6189.4%
56	96,535	6,351,361	6579.4%
57	66,508	4,650,629	6992.6%
58	45,159	3,355,214	7429.8%
59	30,198	2,382,968	7891.1%
60	19,866	1,663,975	8376.0%
Total	2,112,690,388	5,046,152,896	238.8%

Attachment 9
RiverSource Life Insurance Company
Pennsylvania Experience for All Policies
Before Premium Rate Increase
Policy Forms 30225-PA, 30225-PA1 and 30225A-PA1

Policy Duration	Earned Premiums	Incurred Claims	Loss Ratio
1	5,732,713	113,903	2.0%
2	5,456,526	152,926	2.8%
3	5,199,494	921,109	17.7%
4	4,967,617	902,807	18.2%
5	4,785,699	1,557,519	32.5%
6	4,635,300	1,104,728	23.8%
7	4,477,033	2,215,020	49.5%
8	4,367,444	1,938,042	44.4%
9	4,344,897	2,871,042	66.1%
10	4,387,546	3,260,380	74.3%
11	4,360,567	2,154,806	49.4%
12	4,395,827	3,820,025	86.9%
13	4,524,109	3,112,933	68.8%
14	4,571,950	2,849,508	62.3%
15	4,631,323	2,606,217	56.3%
16	4,633,083	4,909,312	106.0%
17	4,668,198	4,955,819	106.2%
18	4,695,013	7,341,536	156.4%
19	4,615,367	6,675,530	144.6%
20	4,582,719	4,935,196	107.7%
21	4,506,664	8,961,060	198.8%
22	4,391,396	10,671,599	243.0%
23	4,243,902	9,542,726	224.9%
24	4,038,508	9,814,785	243.0%
25	3,771,109	10,461,574	277.4%
26	3,478,833	10,782,389	309.9%
27	3,151,569	11,200,664	355.4%
28	2,832,274	11,629,033	410.6%
29	2,528,743	11,971,691	473.4%
30	2,243,169	12,204,557	544.1%
31	1,977,019	12,329,571	623.6%
32	1,729,068	12,342,829	713.8%
33	1,501,097	12,221,455	814.2%
34	1,294,765	12,014,777	928.0%
35	1,107,259	11,689,621	1055.7%
36	938,325	11,240,293	1197.9%
37	789,016	10,692,593	1355.2%
38	658,250	10,043,425	1525.8%
39	544,691	9,294,987	1706.5%
40	446,938	8,478,017	1896.9%
41	363,551	7,576,181	2083.9%
42	293,093	6,669,295	2275.5%
43	234,138	5,789,825	2472.8%
44	185,305	4,962,960	2678.3%
45	145,271	4,199,011	2890.5%
46	112,796	3,518,168	3119.1%
47	86,731	2,922,520	3369.6%
48	66,034	2,407,448	3645.8%
49	49,774	1,966,791	3951.4%
50	37,137	1,591,257	4284.8%
51	27,421	1,272,243	4639.7%
52	20,031	1,003,931	5011.8%
53	14,474	781,209	5397.5%
54	10,341	597,242	5775.4%
55	7,305	451,035	6174.6%
56	5,100	336,774	6603.2%
57	3,519	248,542	7062.4%
58	2,399	181,213	7552.3%
59	1,616	130,420	8072.2%
60	1,073	92,529	8620.2%
Total	141,872,132	322,684,599	227.4%



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milliman.com

January 21, 2019

To: Pennsylvania Insurance Department

RE: RiverSource Life Insurance Company
Company NAIC # 65005
SERFF Tracking # AERS-131727379
Policy Form: Nursing Home Indemnity Policy Form 30225-PA, 30225-PA1, and 30225A-PA1

Ameriprise Financial, Inc., the parent company of RiverSource Life Insurance Company ("RiverSource Life"), formerly IDS Life Insurance Company, has entered into a service agreement with Milliman, Inc. ("Milliman") effective April 5, 2007, that includes individual long term care rate filing services.

RiverSource Life prepared and submitted the above referenced rate filing in January 2019. Milliman has conducted a high-level review of the cover letter, actuarial memorandum, and supplement to the actuarial memorandum items of this filing and believes them to be in compliance with the applicable laws of this state as indicated in the filing. However, Milliman has not performed any technical checking of the filing for accuracy.

I, Amy Pahl, am a Principal and Consulting Actuary for Milliman, Inc. I am a member of the American Academy of Actuaries and I meet the Qualification Standards of the American Academy of Actuaries to render an actuarial opinion as described herein.

Should you have any questions regarding the above, please feel free to contact me directly at (952) 820-2419 or by email at amy.pahl@milliman.com.

Respectfully,

A handwritten signature in blue ink that reads "Amy Pahl".

Amy Pahl, FSA, MAAA
Principal and Consulting Actuary

AP/mag



IDS Life Insurance Company
IDS Tower 10
Minneapolis, Minnesota 55440

144-DA

Approved, Effective 1/19/93

Pennsylvania Insurance Department

By Dorothy S. Rhodes

Long-Term Care Insurance Nursing Home Indemnity Policy

Insured: John Q. Doe

Policy Number: 9100-1234567

We at IDS Life Insurance Company are pleased to issue this Insurance Policy to You. This Policy has many important features. We urge You to read it carefully.

- THIS POLICY IS GUARANTEED RENEWABLE FOR LIFE
- WE HAVE A LIMITED RIGHT TO CHANGE PREMIUMS
- THIS POLICY IS NON-PARTICIPATING (Does not pay dividends)

All You have to do to keep this Policy in force until benefits have been exhausted is to pay premiums on time. We cannot cancel or refuse to renew this Policy. Your premiums will not increase due to a change in Your age or health. We can, however, change Your premiums based on Your premium class; but only if We change the premiums for all similar policies issued in Your state on the same form as this Policy. Premium changes will only be made as of an anniversary of the Policy Date. We must give You at least 31 days written notice before We change Your premiums.

30 DAY RIGHT TO EXAMINE YOUR POLICY

You have 30 days from the day You receive this Policy to examine and return it to Us if You decide not to keep it. You do not have to tell Us Your reason for returning the Policy. Simply return it to Us or Our representative within 30 days after You receive it. We will refund the full amount of any premium paid; and the Policy will be void from the start.

CAUTION ABOUT APPLICATION ANSWERS

The issuance of this Policy is based upon Your responses to questions on Your application. A copy of Your application is enclosed. If Your answers are incorrect or untrue, We have the right to deny benefits or rescind coverage. The best time to clear up any questions is now, before a claim arises! If for any reason, any of Your answers are incorrect, contact Us at Our Home Office. Our address is: IDS Tower 10, Minneapolis, Minnesota 55440.

Signed for and issued by IDS Life Insurance Company in Minneapolis, Minnesota, as of the Policy Date.

President:

Secretary:

James A. Mitchell

William A. Stutzmann

THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY: If You are eligible for Medicare, review the Medicare Supplement Buyer's Guide available from Us.

NOTICE TO BUYER: This policy may not cover all the costs associated with long-term care incurred by the buyer during the period of coverage. The buyer is advised to review carefully all policy limitations.

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A copy of Your Application	Attached
Any appropriate Riders, Endorsements, Notices and other papers	Attached

Schedule

Insured: (John Q. Doe) Policy Number: (9100-1234567)
First Premium: \$(XXX.XX) Renewal Premium: \$(XXX.XX)
Premium Mode: (Annual) Policy Date: (October 15, 1992)
Effective Date: (October 15, 1992)

CONFINEMENT BENEFITS

Nursing Home Benefit (with Bed Reservation Feature)
Alternate Facility Benefit (with Bed Reservation Feature)

COVERAGE LIMITS FOR CONFINEMENT BENEFITS

Daily Benefit - Nursing Home: \$(200.00)
Daily Benefit - Alternate Long-Term Care Facility: \$(120.00)
Deductible (Elimination Period): (20 Days)
Benefit Limit: (Lifetime/Unlimited)
Policy Premium (For Your Premium Mode): \$(xxx.xx)

Waiver Of Premium During Covered Confinements: Included

HOME AND COMMUNITY CARE BENEFITS

Home Care and Adult Day Care Benefits
Respite Care and Equipment Purchases (Additional Community Care Benefits)

COVERAGE LIMITS FOR HOME AND COMMUNITY CARE BENEFITS

Rider Issue Date: (October 15, 1992)
Rider Effective Date: (October 15, 1992)
Covered Care Daily Maximum: \$(100.00)
Covered Care Deductible (Elimination Period):
Home Care and Adult Day Care: (20 Days)
Respite Care and Equipment Purchases: None
Covered Care Maximum Payment Period: (730 Days)
Rider Premium (For Your Premium Mode): \$(xxx.xx)

BENEFIT INCREASES OPTION RIDER

Do You Have This Option? (Yes)
NOTE: A higher premium is paid when the policy includes this option. (Compound Increases)

Basic Contract Provisions

This section tells You: the documents which state all of the contractual agreements; the importance of completing Your application truthfully; and other basic rights, obligations and features.

The Contract

Entire Contract; Changes: The entire contract between You and Us is as stated in this Policy, Your application and any attached papers. No change in this Policy will be effective until approved by one of Our officers. That approval must be noted on or attached to this Policy. None of Our representatives or other persons may change this Policy or waive any of its provisions.

Contesting Coverage

Time Limit on Certain Defenses:

(a) **Misstatements in Your Application:** After this Policy has been in force for 2 years, only fraudulent misstatements in Your application may be used to: void this Policy; or deny any claim for loss incurred or disability that starts after the 2 year period.

(b) **Pre-Existing Conditions:** Except as provided for misstatements in Your application, We will not reduce or deny any claim under this Policy because a sickness or physical or medical condition had existed before the Effective Date.

Other Provisions

Misstatement of Age: Your age may have been misstated in Your application. In that case, We will pay the benefits that the premiums You have paid would have purchased at Your true age. If, based on Your true age, the Policy would not have become effective, We will only be liable for the refund of all premiums paid for this Policy.

Conformity with State Statutes: If this Policy does not comply with the laws of the state in which You reside on the Effective Date, We will treat it as if it had been changed to comply with those laws.

Time Periods: All time periods begin and end at 12:01 a.m. Standard Time at Your residence.

Non-Participating; Dividends Not Payable: This Policy does not participate in Our profits or surplus earnings and no dividends will be paid at any time.

Glossary Of Important Terms

This section gives the meaning of special words and phrases used in the Policy. In addition, the terms Benefit Limit, Daily Benefit and Deductible (Elimination) Period appear in the Schedule and are more fully described in the Benefit Provisions. To help You recognize these special words and phrases, the first letter of each word, or each word in the phrase, is capitalized wherever it appears.

Activities of Daily Living (ADLs)

The following six (6) basic functions are the Activities of Daily Living:

- Bathing:** Your ability to wash Yourself in the tub, shower or by sponge bath.
- Continence:** Your ability to control bowel and bladder function voluntarily; and to maintain a reasonable level of personal hygiene when you are not able to control those functions.
- Dressing:** Your ability to put on and take off all garments and medically necessary braces or artificial limbs usually worn and to fasten and unfasten them.
- Feeding:** Your ability to get nourishment into Your body by any means once it has been prepared and made available to You.
- Toileting:** Your ability to go to and from the toilet and maintain a reasonable level of personal hygiene. This includes getting on and off the toilet and caring for clothing.
- Transferring:** Your ability to move in and out of a chair or bed.

Alternate Long-Term Care Facility

A facility that is engaged primarily in providing ongoing care and related services to at least 10 inpatients in one location and meets all of the following criteria:

- It provides 24 hour a day care and services sufficient to support needs resulting from inability to perform Activities of Daily Living or Cognitive Impairment; and
- Has an awake, trained and ready to respond employee on duty at all times to provide that care; and
- Provides 3 meals a day and accommodates special dietary needs; and
- Is licensed by the appropriate licensing agency (if any) to provide such care; and
- Has formal arrangements for the services of a Doctor or Nurse to furnish medical care in case of emergency; and
- Has appropriate methods and procedures for handling and administering drugs and biologicals.

NOTE: These requirements are typically met by assisted living facilities that are either free standing facilities or part of a life care community. They may also be met by some personal care and adult congregate care facilities. They are generally NOT met by: individual residences; or independent living units.

Cognitive Impairment

Deterioration or loss in Your intellectual capacity which requires continual supervision to protect Yourself or others as measured by clinical evidence and standardized tests that reliably measure Your impairment in the areas of:

- Your short or long term memory;
- Your orientation as to person (such as who You and others are), place (such as Your location) and time (such as day, date and year); and
- Your deductive or abstract reasoning.

NOTE: Coverage is provided for Alzheimer's Disease and similar forms of senility and irreversible dementia that result in Cognitive Impairment.

Continual One-to-one Assistance

You are considered to need Continual One-to-one Assistance in performing an Activity of Daily Living when:

- Someone must give You direct physical assistance, somewhere in the process of performing that activity; every time You do the activity; and
- You alone cannot perform the entire activity with the supports and mechanical aides that are normally available to You.

An example for Dressing is the need for physical help from someone in putting on and buttoning a garment because of paralysis or other physical inability.

Doctor

Someone, other than a Nurse, who is legally qualified and licensed to practice medicine and is operating within the scope of that license. The term "Doctor" does NOT include: You or a member of Your immediate family; anyone who normally resides in Your home or residence; or anyone who has an ownership interest in, or is an employee of, any facility in which You stay.

Immediate Family

Your spouse and the following relatives of You and Your spouse: Parents; grandparents; brothers; sisters; children and grandchildren.

Injury

Any accidental bodily injury You have sustained.

Nurse

Someone who is licensed as: a Registered Graduate Nurse (RN); or a Licensed Practical Nurse (LPN); or a Licensed Vocational Nurse (LVN). The term "Nurse" does NOT include: You; a member of Your immediate family; or anyone who normally resides in Your home or residence.

Nursing Home

A facility or distinctly separate part of a hospital or other institution which is licensed by the appropriate licensing agency to engage primarily in providing nursing care and related services to inpatients and:

- Provides 24 hour a day nursing service under a planned program of policies and procedures which was developed with the advice of, and is periodically reviewed and executed by, a professional group of at least one Doctor and one Nurse; and
- Has a Doctor available to furnish medical care in case of emergency; and
- Has at least one Nurse who is employed there full time (or at least 24 hours per week if the facility has less than 10 beds); and
- Has a Nurse on duty or on call at all times; and
- Maintains clinical records for all patients; and
- Has appropriate methods and procedures for handling and administering drugs and biologicals.

NOTE: The above requirements are typically met by licensed skilled nursing facilities, comprehensive nursing care facilities and intermediate nursing care facilities as well as some specialized wards, wings and units of hospitals. Those requirements are generally NOT met by: Alternate Long-Term Care Facilities; rehabilitation hospitals; rest homes; homes for the aged; sheltered living accommodations; residence homes; or independent living units.

Policy Date

Your Policy Date is shown in the Schedule. It is the date used to determine policy anniversaries, policy years, and premium due dates.

Sickness

Your illness or disease as determined by a Doctor.

We, Us, Our

IDS Life Insurance Company, A Stock Company.

You, Your

The Insured named in the Schedule.

Exclusions And Limitations

This section states the conditions under which payment will not be made even if You otherwise qualify for benefits.

What's Not Covered

The policy will not pay benefits for anything:

- Provided by a member of Your Immediate Family.**
- For which no charge is made in the absence of insurance.**
- Provided outside of the United States of America or its possessions.**
- Provided in a Veteran's Administration or federal government facility; unless You or Your estate are charged for the services or confinement.**
- That results from war or act of war, whether declared or not.**
- That results from an attempt at suicide or an intentionally self-inflicted injury.**

Confinement Benefits Provisions

This section describes the coverage available when You are confined in a Nursing Home or Alternate Long-Term Care Facility. It has some important definitions and then tells You how to qualify for benefits; how much will be paid; and how long benefits will be paid.

The Benefit Limit and How it Works

The Benefit Limit is the combined maximum number of days for which You will be paid under the Nursing Home and Alternate Facility Benefits. The Schedule shows the number of days in the Benefit Limit. This is a lifetime limit for all Your Nursing Home and Alternate Facility Benefits. If the Schedule shows that this maximum is "Unlimited", there is no lifetime limit on the number of days for which these Benefits may be paid.

The Deductible (Elimination) Period and How It Works

The Deductible (Elimination) Period is the number of consecutive days of Confinement needed to qualify for these Benefits. (We will consider Days of Confinement to be consecutive even when they are interrupted by days during which You are confined in a duly licensed hospital.) The Schedule shows the Deductible (Elimination) Period. You will not be paid benefits for the Deductible (Elimination) Period.

Only one Deductible (Elimination) Period applies to all Nursing Home and Alternate Long-Term Care Facility stays for a Covered Period of Confinement.

Day of Confinement

A Day of Confinement is each day You are confined as an inpatient in a Nursing Home or Alternate Long-Term Care Facility for which a full day's room and board or subsistence charge is made.

Covered Period of Confinement

A Covered Period of Confinement begins immediately after You have satisfied the Deductible (Elimination) Period. It continues as long as, for the same or related cause or causes, You;

- remain in the same Nursing Home or Alternate Long-Term Care Facility;
- transfer to another Nursing Home or Alternate Long-Term Care Facility; or
- leave and return to a Nursing Home or Alternate Long-Term Care Facility before the Covered Period of Confinement ends.

A Covered Period of Confinement ends when 180 consecutive days elapse during which You are not eligible for payment under either; the Nursing Home Benefit; or the Alternate Facility Benefit. We will not count as part of that 180 consecutive days, any days You are confined in a duly licensed hospital.

Only one Deductible (Elimination) Period needs to be satisfied for each Covered Period of Confinement.

Nursing Home Benefit

We will pay a benefit for each Day of Confinement, after the Deductible (Elimination) Period, while You are confined in a Nursing Home during a Covered Period of Confinement. Benefit payments are subject to the provisions stated below.

LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR BENEFITS

Covered Nursing Home Stays

- A Day of Confinement during a Nursing Home stay is covered by the Policy when:
- You are confined as an overnight resident inpatient in a Nursing Home; and
 - A room and board or subsistence charge is made for the day; and
 - The stay occurs during a Covered Period of Confinement that starts while the Policy is in force; and
 - We are given proof, in the form of a Doctor's certification and evaluation (or other evidence), that the stay is appropriate because either:
 - You have an Injury or Sickness; or
 - You need Continual One-to-one Assistance in performing 3 or more Activities of Daily Living; or
 - You are dependent upon someone else for continual supervision because of Cognitive Impairment.

All Levels of Care Covered

Benefit payments will not change based on the level of care You receive during a Nursing Home stay.

How Much We Pay

We will pay the applicable Daily Benefit for each Day of Confinement after the Deductible (Elimination) Period. The Schedule shows the Daily Benefit for Nursing Home stays. It may be changed, over time, by a Benefit Increases Option, if applicable.

How Long Benefits Will Be Paid

This Benefit will be paid for each Day of Confinement in a Nursing Home, after the Deductible (Elimination) Period, for as long as:

- the above conditions are met; and
- the Benefit Limit has not been reached; and
- the Covered Period of Confinement continues.

Bed Reservation Feature

If You become hospitalized during a Nursing Home stay and You are charged to reserve Your accommodations in the Nursing Home, We will:

- pay the same benefits; and
- give the same Deductible (Elimination) Period credit; that You would have received if You had stayed in the Nursing Home instead of a licensed hospital. We will do this for a total of 21 days of hospitalization (continuous or not) for a Covered Period of Confinement.

Alternate Facility Benefit

We will pay a benefit for each Day of Confinement, after the Deductible (Elimination) Period, while You are confined in an Alternate Long-Term Care Facility during a Covered Period of Confinement. Benefit payments are subject to the provisions stated below.

LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR BENEFITS

Covered Alternate Long-Term Care Facility Stays

A Day of Confinement during an Alternate Long-Term Care Facility stay is covered by the Policy when:

- You are confined as an overnight resident inpatient in an Alternate Long-Term Care Facility; and
- A room and board or subsistence charge is made for the day; and
- The stay occurs during a Covered Period of Confinement that starts while the Policy is in force; and
- We are given proof, in the form of a Doctor's certification and evaluation (or other evidence), that the stay is appropriate because either:
 - You need Continual One-to-one Assistance in performing 3 or more Activities of Daily Living; or
 - You are dependent upon someone else for continual supervision because of Cognitive Impairment.

All Levels of Care Covered

Benefit payments will not change based on the level of care You receive during an Alternate Long-Term Care Facility stay.

How Much We Pay

We will pay the applicable Daily Benefit for each Day of Confinement after the Deductible (Elimination) Period. The Schedule shows the Daily Benefit for Alternate Long-Term Care Facility stays. It may be changed, over time by a Benefit Increases Option, if applicable. No payment will be made for any day for which a Nursing Home Benefit is payable.

How Long Benefits Will Be Paid

This Benefit will be paid for each Day of Confinement in an Alternate Long-Term Care Facility, after the Deductible (Elimination) Period, for as long as:

- the above conditions are met; and
- the Benefit Limit has not been reached; and
- the Covered Period of Confinement continues.

Bed Reservation Feature

If You become hospitalized during an Alternate Long-Term Care Facility stay and You are charged to reserve Your accommodations in the Alternate Long-Term Care Facility, We will:

- pay the same benefits; and
 - give the same Deductible (Elimination) Period credit;
- that You would have received if You had stayed in the Alternate Long-Term Care Facility instead of a licensed hospital. We will do this for a total of 21 days of hospitalization (continuous or not) for a Covered Period of Confinement.

Waiver Of Premium

Benefit Conditions

We will waive premium payments on a month-to-month basis during extended Nursing Home and Alternate Long-Term Care Facility stays. The waiver begins after benefits have been paid under the Nursing Home and Alternate Long-Term Care Facility Benefits for 90 consecutive days. We will then:

- refund the pro rata premium paid for monthly periods beyond that for which the waiver begins; and
- waive the payment of premium for each coverage month which begins while You continue to receive uninterrupted Nursing Home or Alternate Facility Benefits.

This waiver of premium payment stops when You cease to receive Nursing Home or Alternate Facility Benefits. At the end of the period for which the last premium has been waived, You will be required to pay the pro rata premium needed to return the Policy to its previous premium payment mode. You must pay future premiums as they become due.

Claims Information

This section tells You when to notify Us of a claim; what to send Us; how We pay claims; and other rights and responsibilities under the contract.

Telling Us About a Claim

Early awareness by Our Claims Department will facilitate a timely review of Your claim. You can help Us in this process by letting Us know immediately when You first become disabled to the extent that You may soon need care covered by the Policy. Of course someone else who is authorized to act on Your behalf can also contact Us for You.

Notice of Claim: We must be told when You have a claim for benefits. The notice can be given to Us at Our Home Office or to Our representative. It must be received within 30 days of the date the covered loss starts, or as soon as reasonably possible. Include in the notice at least: Your name; Your Policy Number; and an address to which the claim form should be sent.

How to File a Claim

Claim Forms: When We get notice of Your claim We will send out a claim form to be used to file proof of loss.

The claim form has instructions on how to fill it out and where to send it. Please read the form carefully. Answer all questions and send all required information to the address on the form. This will assist Us in the evaluation of Your claim so that We can determine the benefits for which you are eligible.

If You or Your representative do not get the claim form within 15 days, proof of loss can be filed without it by sending Us a letter which describes the occurrence, the character and the extent of the loss for which claim is made. That letter must be sent to Us at Our Home Office within the time period stated in the next paragraph. As a minimum, the description should tell Us such things as: Your name and address; the care for which You are claiming benefits; the names and addresses of the medical professionals and care providers who are aware of Your condition or have provided care covered by the Policy; and the periods for which You are claiming benefits.

When to File a Claim

Proofs of Loss: We must get written proof of loss within 120 days after the end of each month for which benefits may be payable. If it was not reasonably possible to give Us written proof in the time required, We shall not reduce or deny a claim for being late if the proof is filed as soon as reasonably possible. Unless the claimant is not legally capable, the required proof must always be given to Us no later than 1 year from the time specified.

Our Evaluation Criteria and Claims Payment Process

How We Determine When Proof of Loss is Satisfactory: We will work with You, Your Doctor and other care givers to obtain information about: Your state of health; and the degree to which You need care for injury or sickness, assistance in performing Activities of Daily Living, or cognitive impairment. We will then make an objective review of that information to determine whether You qualify for benefits. We reserve the right, as part of the review, to do a face-to-face assessment or to require You to take a physical examination paid for by Us. Similar reviews may be required, at reasonable intervals, to determine Your eligibility for continued benefits. We may use an outside service to assist in evaluating Your condition; but any decision will be made by Us based on consistently applied, reasonable standards that are administered in a manner consistent with Our established claims administration procedures.

Physical Examinations: As part of Our evaluation of Your claim, We have the right to require a medical exam when a claim is made and at reasonable intervals while You are claiming continued benefits. If an exam is required, You will not have to pay for it.

Time of Payment of Claim: After We receive the proper written proof of loss, We will pay any benefits then due: (1) monthly, when the loss is expected to result in on-going benefits; and (2) immediately, when Our liability has ended.

Payment of Claims: All benefits will be paid to You. Any benefits unpaid at Your death will be paid to Your estate. If benefits are payable to Your estate, We may pay benefits up to \$1,000 to someone related to You by blood or marriage who is deemed by Us to be justly entitled to the benefits. We will be discharged to the extent of any such payment made in good faith.

How to Appeal A Claim

You will be informed by Us in writing if a claim, or any part of a claim, is denied.

Appeal Process: If You believe that Our claim decision is in error, We will reconsider Your claim. You must send Us a brief note (no special form needed) that tells Us why You feel We should change Our decision. You may authorize someone else to act for You in this appeal process.

The note should include the names, addresses and phone numbers of any of the following providers who You think We should contact to learn more about Your health and the care You received: the Doctors and other health care professionals who treated You; and the facilities from which You received care or treatment.

We will act promptly on Your request. Once We complete Our review, We will immediately tell You Our decision in writing with Our reasons stated clearly. We will pay any benefits then due as a result of Our reconsideration.

Legal Actions: You cannot sue on Your claim before 60 days after written proof of loss has been given as required by this Policy. You cannot sue after 3 years from the time written proof of loss is required to be given.

Effective Date And Premium Payment Provisions

This section tells You such things as: when the Policy becomes effective; how and when to pay premiums; the importance of paying premiums on time; and what happens if premiums are not paid on time.

The Policy Taking Effect

Effective Date and Consideration: This Policy is issued based on: the statements made in Your application; and, payment of the First Premium shown in the Schedule. It takes effect on the Effective Date shown in the Schedule; provided the First Premium is paid.

Your Right to Cancel the Policy at Any Time

You may cancel Your Policy at any time by sending Us written notice. Your Policy will be canceled as of the date We receive the notice, or the later date stated in Your notice. We will promptly return the unearned portion of any premium paid. The cancellation will not prejudice any claim for any uninterrupted institutional confinement that begins before the effective date of the cancellation.

Refund of Premium Paid Beyond Your Death

If You die while insured under this Policy, We will refund the pro rata portion of any premium paid for a period after Your death. The refund will be made within 30 days of Our receipt of written proof of Your death and will be payable to Your estate.

Paying Premiums

The Premium Mode shown in the Schedule states how often premiums are to be paid. Your first premium is due as of the Policy Date as shown in the Schedule. Each premium after the first is due at the end of the period for which the prior premium was paid.

What Happens When Premiums are Not Paid

Grace Period: This Policy has a 31 day grace period. If a premium is not paid on or before the date it is due, it may be paid during the following 31 days. The Policy will stay in force during the grace period. If the premium is not paid during the grace period, the Policy will terminate at the end of the grace period. This is called a lapse. Lapse will not affect any continuing claim that begins before the Policy terminates.

Extension of Benefits: Termination of this Policy will not affect any claim for uninterrupted institutional confinement that begins while the Policy is in force and continues beyond the date of termination. This extension of benefits, beyond the period the Policy was in force, is limited to the unexpired duration of the Benefit Limit; and will be subject to the Deductible (Elimination) Period and all other applicable provisions of the Policy. For the purposes of this provision, an uninterrupted institutional confinement will include: being transferred to another Nursing Home or Alternate Long-Term Care Facility; receiving another level of care in the same facility; and transferring back to a Nursing Home or Alternate Long-Term Care Facility from a temporary or acute hospitalization.

Reinstatement: Once this Policy lapses, We may or may not put it back in force (reinstate) at Our option. An acceptance of late premium by Us (or by Our representative, if authorized to accept payment) without requiring an application for reinstatement will reinstate this Policy.

If We or Our representative require an application, You will be given a conditional receipt for the premium. If the application is approved, this Policy will be reinstated as of the approval date. If We do not give You prior written notice of Our disapproval, the Policy will be reinstated on the 45th day after the date of the conditional receipt.

The reinstated Policy will cover only losses that begin after the date of reinstatement. In all other respects Your rights and Our rights will remain the same; subject to any provisions noted on or attached to the reinstated Policy.

Any premiums We accept for a reinstatement will be applied to a period for which premiums have not been paid. No premiums will be applied to any period more than 60 days before the reinstatement date.

Unpaid Premiums: When a claim is paid, any premium due and unpaid will be deducted from the claim payment.

Continuation for Alzheimer's Disease and Other Forms of Cognitive Impairment

Continuation Provisions: If Your Policy terminates for any reason before Your benefits have been exhausted, We will provide a continuation of coverage; provided We receive the following within 9 months after the termination date:

- proof, in the form of a Doctor's certification, that You have Cognitive Impairment (including but not limited to Alzheimer's disease); and
- payment of all past-due premiums for the Policy and all Riders that were in force immediately prior to the date of lapse.

This continuation will provide uninterrupted coverage to the same extent that the Policy and all Riders in force immediately prior to the termination date would have provided if they had not terminated. If You become eligible for benefits during the continuation period, they will be payable; subject to any applicable deductible (elimination) periods, maximum payment periods and all other provisions of the Policy and its Riders.

**PLEASE KEEP THIS POLICY IN A SAFE PLACE WITH YOUR OTHER
IMPORTANT DOCUMENTS.**

Long-Term Care Insurance Nursing Home Indemnity Policy

- THIS POLICY IS GUARANTEED RENEWABLE FOR LIFE.
- WE HAVE A LIMITED RIGHT TO CHANGE PREMIUMS.
- THIS POLICY IS NON-PARTICIPATING (Does not pay dividends)

**IDS Life Insurance Company
IDS Tower 10
Minneapolis, Minnesota 55440**

IDS Life Insurance Company
IDS Tower 10
Minneapolis, Minnesota 55440

RECEIVED

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MILLIMAN
MINNEAPOLIS

**Long-Term Care Insurance
Nursing Home Indemnity Policy**

Insured: John Q. Doe

Policy Number: 9100-1234567

We at IDS Life Insurance Company are pleased to issue this Insurance Policy to You. This Policy has many important features. We urge You to read it carefully.

- THIS POLICY IS GUARANTEED RENEWABLE FOR LIFE
- WE HAVE A LIMITED RIGHT TO CHANGE PREMIUMS
- THIS POLICY IS NON-PARTICIPATING (Does not pay dividends)

All You have to do to keep this Policy in force until benefits have been exhausted is to pay premiums on time. We cannot cancel or refuse to renew this Policy. Your premiums will not increase due to a change in Your age or the deterioration of Your mental or physical health. We can, however, change Your premiums based on Your premium class; but only if We change the premiums for all similar policies issued in Your state on the same form as this Policy. Premium changes will only be made as of an anniversary of the Policy Date. We must give You at least 31 days written notice before We change Your premiums.

30 DAY RIGHT TO EXAMINE YOUR POLICY

You have 30 days from the day You receive this Policy to examine and return it to Us if You decide not to keep it. You do not have to tell Us Your reason for returning the Policy. Simply return it to Us or Our representative within 30 days after You receive it. We will refund the full amount of any premium paid; and the Policy will be void from the start.

CAUTION ABOUT APPLICATION ANSWERS

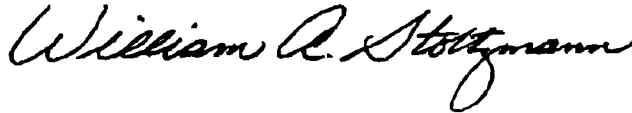
The issuance of this Policy is based upon Your responses to questions on Your application. A copy of Your application is enclosed. If Your answers are incorrect or untrue, We have the right to deny benefits or rescind coverage. The best time to clear up any questions is now, before a claim arises! If for any reason, any of Your answers are incorrect, contact Us at Our Home Office. Our address is: IDS Tower 10, Minneapolis, Minnesota 55440.

Signed for and issued by IDS Life Insurance Company in Minneapolis, Minnesota, as of the Policy Date.

President:



Secretary:



THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY: If You are eligible for Medicare, review the Medicare Supplement Buyer's Guide available from Us.

NOTICE TO BUYER: This policy may not cover all the costs associated with long-term care incurred by the buyer during the period of coverage. The buyer is advised to review carefully all policy limitations.

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Basic Contract Provisions

This section tells You: the documents which state all of the contractual agreements; the importance of completing Your application truthfully; and other basic rights, obligations and features.

The Contract

Entire Contract; Changes: The entire contract between You and Us is as stated in this Policy, Your application and any attached papers. No change in this Policy will be effective until approved by one of Our officers. That approval must be noted on or attached to this Policy. None of Our representatives or other persons may change this Policy or waive any of its provisions.

Contesting Coverage

Time Limit on Certain Defenses:

(a) Misstatements in Your Application: After this Policy has been in force for 6 months, We may void the Policy or deny an otherwise valid claim upon a showing of misrepresentation that is material to Our acceptance of You for coverage.

While this Policy has been in force for at least 6 months but less than two (2) years, We may void the Policy or deny an otherwise valid claim upon a showing of misrepresentation that is both:

- material to Our acceptance of You for coverage; and
- pertinent to the conditions for which benefits are sought.

After this Policy has been in force for two (2) years it will not be contestable upon the grounds of misrepresentation alone and may be contested only upon a showing that You knowingly and intentionally misrepresented relevant facts relating to Your health.

If We pay any benefits under this Policy, the benefit payments will not be recovered by Us in the event the Policy is rescinded.

(b) Pre-Existing Conditions: Except as provided for misstatements in Your application, We will not reduce or deny any claim under this Policy because a sickness or physical or medical condition had existed before the Effective Date.

Other Provisions

Misstatement of Age: Your age may have been misstated in Your application. In that case, We will pay the benefits that the premiums You have paid would have purchased at Your true age. If, based on Your true age, the Policy would not have become effective, We will only be liable for the refund of all premiums paid for this Policy.

Conformity with State Statutes: If this Policy does not comply with the laws of the state in which You reside on the Effective Date, We will treat it as if it had been changed to comply with those laws.

Time Periods: All time periods begin and end at 12:01 a.m. Standard Time at Your residence.

Non-Participating; Dividends Not Payable: This Policy does not participate in Our profits or surplus earnings and no dividends will be paid at any time.

Glossary Of Important Terms

This section gives the meaning of special words and phrases used in the Policy. In addition, the terms Benefit Limit, Daily Benefit and Deductible (Elimination) Period appear in the Schedule and are more fully described in the Benefit Provisions. To help You recognize these special words and phrases, the first letter of each word, or each word in the phrase, is capitalized wherever it appears.

Activities of Daily Living (ADLs)

The following six (6) basic functions are the Activities of Daily Living:

- Bathing:** Your ability to wash Yourself in the tub, shower or by sponge bath.
- Continence:** Your ability to control bowel and bladder function voluntarily; and to maintain a reasonable level of personal hygiene when you are not able to control those functions.
- Dressing:** Your ability to put on and take off all garments and medically necessary braces or artificial limbs usually worn and to fasten and unfasten them.
- Feeding:** Your ability to get nourishment into Your body by any means once it has been prepared and made available to You.
- Toileting:** Your ability to go to and from the toilet and maintain a reasonable level of personal hygiene. This includes getting on and off the toilet and caring for clothing.
- Transferring:** Your ability to move in and out of a chair or bed.

Alternate Long-Term Care Facility

A facility that is engaged primarily in providing ongoing care and related services to at least 10 inpatients in one location and meets all of the following criteria:

- It provides 24 hour a day care and services sufficient to support needs resulting from inability to perform Activities of Daily Living or Cognitive Impairment; and**
- Has an awake, trained and ready to respond employee on duty at all times to provide that care; and**
- Provides 3 meals a day and accommodates special dietary needs; and**
- Is licensed by the appropriate licensing agency (if any) to provide such care; and**
- Has formal arrangements for the services of a Doctor or Nurse to furnish medical care in case of emergency; and**
- Has appropriate methods and procedures for handling and administering drugs and biologicals.**

NOTE: These requirements are typically met by assisted living facilities that are either free standing facilities or part of a life care community. They may also be met by some personal care and adult congregate care facilities. They are generally NOT met by: individual residences; or independent living units.

Cognitive Impairment

Deterioration or loss in Your intellectual capacity which requires supervision or hands-on services to protect Yourself or others as measured by clinical evidence and standardized tests that reliably measure Your impairment in the areas of:

- **Your short or long term memory;**
- **Your orientation as to person (such as who You and others are), place (such as Your location) and time (such as day, date and year); and**
- **Your deductive or abstract reasoning.**

NOTE: Coverage is provided for Alzheimer's Disease and similar forms of senility and irreversible dementia that result in Cognitive Impairment.

Continual One-to-one Assistance

You are considered to need Continual One-to-one Assistance in performing an Activity of Daily Living when:

- **Someone must give You supervision or hands-on services, somewhere in the process of performing that activity; every time You do the activity; and**
- **You alone cannot perform the activity with the supports and mechanical aides that are normally available to You.**

An example for Dressing is the need for physical help from someone in putting on and buttoning a garment because of paralysis or other physical inability.

Doctor

Someone, other than a Nurse, who is legally qualified and licensed to practice medicine and is operating within the scope of that license. The term "Doctor" does NOT include: You or a member of Your immediate family; anyone who normally resides in Your home or residence; or anyone who has an ownership interest in, or is an employee of, any facility in which You stay.

Immediate Family

Your spouse and the following relatives of You and Your spouse: Parents; grandparents; brothers; sisters; children and grandchildren.

Injury

Any accidental bodily injury You have sustained.

Nurse

Someone who is licensed as: a Registered Graduate Nurse (RN); or a Licensed Practical Nurse (LPN); or a Licensed Vocational Nurse (LVN). The term "Nurse" does NOT include: You; a member of Your immediate family; or anyone who normally resides in Your home or residence.

Nursing Home

A facility or distinctly separate part of a hospital or other institution which is operating pursuant to law and is licensed by the appropriate licensing agency to provide, in addition to room and board accommodations, skilled nursing care and related services to inpatients under the supervision of a duly licensed physician; and

- provides continuous 24 hour a day nursing service by or under the supervision of a registered graduate professional nurse (R.N.); and
- is approved for payment of Medicare benefits or is qualified to receive such approval, if so requested; and
- maintains a daily medical record of each patient.

NOTE: The above requirements are generally NOT met by: Alternate Long-Term Care Facilities; rehabilitation hospitals; rest homes; homes for the aged; sheltered living accommodations; residence homes; or independent living units.

Policy Date

Your Policy Date is shown in the Schedule. It is the date used to determine policy anniversaries, policy years, and premium due dates.

Sickness

Your illness or disease as determined by a Doctor.

We, Us, Our

IDS Life Insurance Company, A Stock Company.

You, Your

The Insured named in the Schedule.

Exclusions And Limitations

This section states the conditions under which payment will not be made even if You otherwise qualify for benefits.

What's Not Covered

The policy will not pay benefits for anything:

- Provided by a member of Your Immediate Family.**
- For which no charge is made in the absence of insurance.**
- Provided outside of the United States of America or its possessions.**
- Provided in a Veteran's Administration or federal government facility; unless You or Your estate are charged for the services or confinement.**
- That results from war or act of war, whether declared or not.**
- That results from an attempt at suicide or an intentionally self-inflicted injury.**

Confinement Benefits Provisions

This section describes the coverage available when You are confined in a Nursing Home or Alternate Long-Term Care Facility. It has some important definitions and then tells You how to qualify for benefits; how much will be paid; and how long benefits will be paid.

The Benefit Limit and How it Works

The Benefit Limit is the combined maximum number of days for which You will be paid under the Nursing Home and Alternate Facility Benefits. The Schedule shows the number of days in the Benefit Limit. This is a lifetime limit for all Your Nursing Home and Alternate Facility Benefits. If the Schedule shows that this maximum is "Unlimited", there is no lifetime limit on the number of days for which these Benefits may be paid.

The Deductible (Elimination) Period and How It Works

The Deductible (Elimination) Period is the number of consecutive days of Confinement needed to qualify for these Benefits. (We will consider Days of Confinement to be consecutive even when they are interrupted by days during which You are confined in a duly licensed hospital.) The Schedule shows the Deductible (Elimination) Period. You will not be paid benefits for the Deductible (Elimination) Period.

Only one Deductible (Elimination) Period applies to all Nursing Home and Alternate Long-Term Care Facility stays for a Covered Period of Confinement.

Day of Confinement

A Day of Confinement is each day You are confined as an inpatient in a Nursing Home or Alternate Long-Term Care Facility for which a full day's room and board or subsistence charge is made.

Covered Period of Confinement

A Covered Period of Confinement begins immediately after You have satisfied the Deductible (Elimination) Period. It continues as long as, for the same or related cause or causes, You;

- remain in the same Nursing Home or Alternate Long-Term Care Facility;**
- transfer to another Nursing Home or Alternate Long-Term Care Facility; or**
- leave and return to a Nursing Home or Alternate Long-Term Care Facility before the Covered Period of Confinement ends.**

A Covered Period of Confinement ends when 180 consecutive days elapse during which You are not eligible for payment under either; the Nursing Home Benefit; or the Alternate Facility Benefit. We will not count as part of that 180 consecutive days, any days You are confined in a duly licensed hospital.

Only one Deductible (Elimination) Period needs to be satisfied for each Covered Period of Confinement.

Nursing Home Benefit

We will pay a benefit for each Day of Confinement, after the Deductible (Elimination) Period, while You are confined in a Nursing Home during a Covered Period of Confinement. Benefit payments are subject to the provisions stated below.

LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR BENEFITS

Covered Nursing Home Stays

- A Day of Confinement during a Nursing Home stay is covered by the Policy when:
- You are confined as an overnight resident inpatient in a Nursing Home; and
 - A room and board or subsistence charge is made for the day; and
 - The stay occurs during a Covered Period of Confinement that starts while the Policy is in force; and
 - We are given proof, in the form of a Doctor's certification and evaluation (or other evidence), that the stay is appropriate because either:
 - You have an Injury or Sickness; or
 - You need Continual One-to-one Assistance in performing 3 or more Activities of Daily Living; or
 - You are dependent upon someone else for supervision or hands-on services because of Cognitive Impairment.

All Levels of Care Covered

Benefit payments will not change based on the level of care You receive during a Nursing Home stay.

How Much We Pay

We will pay the applicable Daily Benefit for each Day of Confinement after the Deductible (Elimination) Period. The Schedule shows the Daily Benefit for Nursing Home stays. It may be changed, over time, by a Benefit Increases Option, if applicable.

How Long Benefits Will Be Paid

This Benefit will be paid for each Day of Confinement in a Nursing Home, after the Deductible (Elimination) Period, for as long as:

- the above conditions are met; and
- the Benefit Limit has not been reached; and
- the Covered Period of Confinement continues.

Bed Reservation Feature

If You become hospitalized during a Nursing Home stay and You are charged to reserve Your accommodations in the Nursing Home, We will:

- pay the same benefits; and
 - give the same Deductible (Elimination) Period credit;
- that You would have received if You had stayed in the Nursing Home instead of a licensed hospital. We will do this for a total of 21 days of hospitalization (continuous or not) for a Covered Period of Confinement.

Alternate Facility Benefit

We will pay a benefit for each Day of Confinement, after the Deductible (Elimination) Period, while You are confined in an Alternate Long-Term Care Facility during a Covered Period of Confinement. Benefit payments are subject to the provisions stated below.

LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR BENEFITS

Covered Alternate Long-Term Care Facility Stays

A Day of Confinement during an Alternate Long-Term Care Facility stay is covered by the Policy when:

- You are confined as an overnight resident inpatient in an Alternate Long-Term Care Facility; and
- A room and board or subsistence charge is made for the day; and
- The stay occurs during a Covered Period of Confinement that starts while the Policy is in force; and
- We are given proof, in the form of a Doctor's certification and evaluation (or other evidence), that the stay is appropriate because either:
 - You need Continual One-to-one Assistance in performing 3 or more Activities of Daily Living; or
 - You are dependent upon someone else for supervision or hands-on services because of Cognitive Impairment.

All Levels of Care Covered

Benefit payments will not change based on the level of care You receive during an Alternate Long-Term Care Facility stay.

How Much We Pay

We will pay the applicable Daily Benefit for each Day of Confinement after the Deductible (Elimination) Period. The Schedule shows the Daily Benefit for Alternate Long-Term Care Facility stays. It may be changed, over time by a Benefit Increases Option, if applicable. No payment will be made for any day for which a Nursing Home Benefit is payable.

How Long Benefits Will Be Paid

This Benefit will be paid for each Day of Confinement in an Alternate Long-Term Care Facility, after the Deductible (Elimination) Period, for as long as:

- the above conditions are met; and
- the Benefit Limit has not been reached; and
- the Covered Period of Confinement continues.

Bed Reservation Feature

If You become hospitalized during an Alternate Long-Term Care Facility stay and You are charged to reserve Your accommodations in the Alternate Long-Term Care Facility, We will:

- pay the same benefits; and
 - give the same Deductible (Elimination) Period credit;
- that You would have received if You had stayed in the Alternate Long-Term Care Facility instead of a licensed hospital. We will do this for a total of 21 days of hospitalization (continuous or not) for a Covered Period of Confinement.

Waiver Of Premium

Benefit Conditions

We will waive premium payments on a month-to-month basis during extended Nursing Home and Alternate Long-Term Care Facility stays. The waiver begins after benefits have been paid under the Nursing Home and Alternate Long-Term Care Facility Benefits for 90 consecutive days. We will then:

- refund the pro rata premium paid for monthly periods beyond that for which the waiver begins; and**
- waive the payment of premium for each coverage month which begins while You continue to receive uninterrupted Nursing Home or Alternate Facility Benefits.**

This waiver of premium payment stops when You cease to receive Nursing Home or Alternate Facility Benefits. At the end of the period for which the last premium has been waived, You will be required to pay the pro rata premium needed to return the Policy to its previous premium payment mode. You must pay future premiums as they become due.

Claims Information

This section tells You when to notify Us of a claim; what to send Us; how We pay claims; and other rights and responsibilities under the contract.

Telling Us About a Claim

Early awareness by Our Claims Department will facilitate a timely review of Your claim. You can help Us in this process by letting Us know immediately when You first become disabled to the extent that You may soon need care covered by the Policy. Of course someone else who is authorized to act on Your behalf can also contact Us for You.

Notice of Claim: We must be told when You have a claim for benefits. The notice can be given to Us at Our Home Office or to Our representative. It must be received within 30 days of the date the covered loss starts, or as soon as reasonably possible. Include in the notice at least: Your name; Your Policy Number; and an address to which the claim form should be sent.

How to File a Claim

Claim Forms: When We get notice of Your claim We will send out a claim form to be used to file proof of loss.

The claim form has instructions on how to fill it out and where to send it. Please read the form carefully. Answer all questions and send all required information to the address on the form. This will assist Us in the evaluation of Your claim so that We can determine the benefits for which you are eligible.

If You or Your representative do not get the claim form within 15 days, proof of loss can be filed without it by sending Us a letter which describes the occurrence, the character and the extent of the loss for which claim is made. That letter must be sent to Us at Our Home Office within the time period stated in the next paragraph. As a minimum, the description should tell Us such things as: Your name and address; the care for which You are claiming benefits; the names and addresses of the medical professionals and care providers who are aware of Your condition or have provided care covered by the Policy; and the periods for which You are claiming benefits.

When to File a Claim

Proofs of Loss: We must get written proof of loss within 120 days after the end of each month for which benefits may be payable. If it was not reasonably possible to give Us written proof in the time required, We shall not reduce or deny a claim for being late if the proof is filed as soon as reasonably possible. Unless the claimant is not legally capable, the required proof must always be given to Us no later than 1 year from the time specified.

Our Evaluation Criteria and Claims Payment Process

How We Determine When Proof of Loss is Satisfactory: We will work with You, Your Doctor and other care givers to obtain information about: Your state of health; and the degree to which You need care for injury or sickness, assistance in performing Activities of Daily Living, or cognitive impairment. We will then make an objective review of that information to determine whether You qualify for benefits. We reserve the right, as part of the review, to do a face-to-face assessment or to require You to take a physical examination paid for by Us. Similar reviews may be required, at reasonable intervals, to determine Your eligibility for continued benefits. We may use an outside service to assist in evaluating Your condition.

Physical Examinations: As part of Our evaluation of Your claim, We have the right to require a medical exam when a claim is made and at reasonable intervals while You are claiming continued benefits. If an exam is required, You will not have to pay for it.

Time of Payment of Claim: After We receive the proper written proof of loss, We will pay any benefits then due: (1) monthly, when the loss is expected to result in on-going benefits; and (2) immediately, when Our liability has ended.

Payment of Claims: All benefits will be paid to You. Any benefits unpaid at Your death will be paid to Your estate. If benefits are payable to Your estate, We may pay benefits up to \$1,000 to someone related to You by blood or marriage who is deemed by Us to be justly entitled to the benefits. We will be discharged to the extent of any such payment made in good faith.

How to Appeal A Claim

You will be informed by Us in writing if a claim, or any part of a claim, is denied.

Appeal Process: If You believe that Our claim decision is in error, We will reconsider Your claim. You must send Us a brief note (no special form needed) that tells Us why You feel We should change Our decision. You may authorize someone else to act for You in this appeal process.

The note should include the names, addresses and phone numbers of any of the following providers who You think We should contact to learn more about Your health and the care You received: the Doctors and other health care professionals who treated You; and the facilities from which You received care or treatment.

We will act promptly on Your request. Once We complete Our review, We will immediately tell You Our decision in writing with Our reasons stated clearly. We will pay any benefits then due as a result of Our reconsideration.

Legal Actions: You cannot sue on Your claim before 60 days after written proof of loss has been given as required by this Policy. You cannot sue after 3 years from the time written proof of loss is required to be given.

Effective Date And Premium Payment Provisions

This section tells You such things as: when the Policy becomes effective; how and when to pay premiums; the importance of paying premiums on time; and what happens if premiums are not paid on time.

The Policy Taking Effect

Effective Date and Consideration: This Policy is issued based on: the statements made in Your application; and, payment of the First Premium shown in the Schedule. It takes effect on the Effective Date shown in the Schedule; provided the First Premium is paid.

Your Right to Cancel the Policy at Any Time

You may cancel Your Policy at any time by sending Us written notice. Your Policy will be canceled as of the date We receive the notice, or the later date stated in Your notice. We will promptly return the unearned portion of any premium paid. The cancellation will not prejudice any claim for any uninterrupted institutional confinement that begins before the effective date of the cancellation.

Refund of Premium Paid Beyond Your Death

If You die while insured under this Policy, We will refund the pro rata portion of any premium paid for a period after Your death. The refund will be made within 30 days of Our receipt of written proof of Your death and will be payable to Your estate.

Paying Premiums

The Premium Mode shown in the Schedule states how often premiums are to be paid. Your first premium is due as of the Policy Date as shown in the Schedule. Each premium after the first is due at the end of the period for which the prior premium was paid.

What Happens When Premiums are Not Paid

Grace Period: This Policy has a 31 day grace period. If a premium is not paid on or before the date it is due, it may be paid during the following 31 days. The Policy will stay in force during the grace period. If the premium is not paid during the grace period, the Policy will terminate at the end of the grace period. This is called a lapse. Lapse will not affect any continuing claim that begins before the Policy terminates.

Extension of Benefits: Termination of this Policy will not affect any claim for uninterrupted institutional confinement that begins while the Policy is in force and continues beyond the date of termination. This extension of benefits, beyond the period the Policy was in force, is limited to the unexpired duration of the Benefit Limit; and will be subject to the Deductible (Elimination) Period and all other applicable provisions of the Policy. For the purposes of this provision, an uninterrupted institutional confinement will include: being transferred to another Nursing Home or Alternate Long-Term Care Facility; receiving another level of care in the same facility; and transferring back to a Nursing Home or Alternate Long-Term Care Facility from a temporary or acute hospitalization.

Reinstatement: Once this Policy lapses, We may or may not put it back in force (reinstate) at Our option. An acceptance of late premium by Us (or by Our representative, if authorized to accept payment) without requiring an application for reinstatement will reinstate this Policy.

If We or Our representative require an application, You will be given a conditional receipt for the premium. If the application is approved, this Policy will be reinstated as of the approval date. If We do not give You prior written notice of Our disapproval, the Policy will be reinstated on the 45th day after the date of the conditional receipt.

The reinstated Policy will cover only losses that begin after the date of reinstatement. In all other respects Your rights and Our rights will remain the same; subject to any provisions noted on or attached to the reinstated Policy.

Any premiums We accept for a reinstatement will be applied to a period for which premiums have not been paid. No premiums will be applied to any period more than 60 days before the reinstatement date.

Unpaid Premiums: When a claim is paid, any premium due and unpaid will be deducted from the claim payment.

Continuation for Alzheimer's Disease and Other Forms of Cognitive Impairment and Functional Capacity

Continuation Provisions: If Your Policy terminates for any reason before Your benefits have been exhausted, We will provide a continuation of coverage; provided We receive the following within 9 months after the termination date:

- proof, in the form of a Doctor's certification, that You have Cognitive Impairment (including but not limited to Alzheimer's disease) or the loss of functional capacity; and
- payment of all past-due premiums for the Policy and all Riders that were in force immediately prior to the date of lapse.

This continuation will provide uninterrupted coverage to the same extent that the Policy and all Riders in force immediately prior to the termination date would have provided if they had not terminated. If You become eligible for benefits during the continuation period, they will be payable; subject to any applicable deductible (elimination) periods, maximum payment periods and all other provisions of the Policy and its Riders.

PLEASE KEEP THIS POLICY IN A SAFE PLACE WITH YOUR OTHER IMPORTANT DOCUMENTS.

Long-Term Care Insurance Nursing Home Indemnity Policy

- THIS POLICY IS GUARANTEED RENEWABLE FOR LIFE.
- WE HAVE A LIMITED RIGHT TO CHANGE PREMIUMS.
- THIS POLICY IS NON-PARTICIPATING (Does not pay dividends)

**IDS Life Insurance Company
IDS Tower 10
Minneapolis, Minnesota 55440**

IDS Life Insurance Company
IDS Tower 10
Minneapolis, Minnesota 55440

This policy is intended to be a Qualified Long-Term Care Insurance Contract under section 7702B(b) of the Internal Revenue Code of 1986.

Long-Term Care Insurance Nursing Home Indemnity Policy

Insured: John Q. Doe

Policy Number: 9100-1234567

We at IDS Life Insurance Company are pleased to issue this Insurance Policy to You. This Policy has many important features. We urge You to read it carefully.

- THIS POLICY IS GUARANTEED RENEWABLE FOR LIFE
- WE HAVE A LIMITED RIGHT TO CHANGE PREMIUMS
- THIS POLICY IS NON-PARTICIPATING (Does not pay dividends)

All You have to do to keep this Policy in force until benefits have been exhausted is to pay premiums on time. We cannot cancel or refuse to renew this Policy. Your premiums will not increase due to a change in Your age or the deterioration of Your mental or physical health. We can, however, change Your premiums based on Your premium class; but only if We change the premiums for all similar policies issued in Your state on the same form as this Policy. Premium changes will only be made as of an anniversary of the Policy Date. We must give You at least 31 days written notice before We change Your premiums.

30 DAY RIGHT TO EXAMINE YOUR POLICY

You have 30 days from the day You receive this Policy to examine and return it to Us if You decide not to keep it. You do not have to tell Us Your reason for returning the Policy. Simply return it to Us or Our representative within 30 days after You receive it. We will refund the full amount of any premium paid; and the Policy will be void from the start.

CAUTION ABOUT APPLICATION ANSWERS

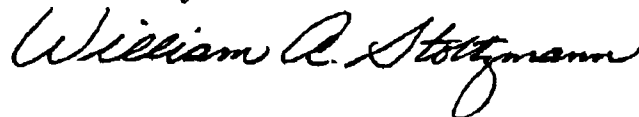
The issuance of this Policy is based upon Your responses to questions on Your application. A copy of Your application is enclosed. If Your answers are incorrect or untrue, We have the right to deny benefits or rescind coverage. The best time to clear up any questions is now, before a claim arises! If for any reason, any of Your answers are incorrect, contact Us at Our Home Office. Our address is: IDS Tower 10, Minneapolis, Minnesota 55440.

Signed for and issued by IDS Life Insurance Company in Minneapolis, Minnesota, as of the Policy Date.

President:



Secretary:



THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY: If You are eligible for Medicare, review the Medicare Supplement Buyer's Guide available from Us.

NOTICE TO BUYER: This policy may not cover all the costs associated with long-term care incurred by the buyer during the period of coverage. The buyer is advised to review carefully all policy limitations.

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A copy of Your Application	Attached
Any appropriate Riders, Endorsements, Notices and other papers	Attached

Basic Contract Provisions

This section tells You: the documents which state all of the contractual agreements; the importance of completing Your application truthfully; and other basic rights, obligations and features.

The Contract

Entire Contract; Changes: The entire contract between You and Us is as stated in this Policy, Your application and any attached papers. No change in this Policy will be effective until approved by one of Our officers. That approval must be noted on or attached to this Policy. None of Our representatives or other persons may change this Policy or waive any of its provisions.

Contesting Coverage

Time Limit on Certain Defenses:

(a) Misstatements in Your Application: During the first 6 months the Policy is in force, We may rescind (void) the Policy or deny an otherwise valid claim upon a showing of misrepresentation that is material to the acceptance of You for coverage.

While the Policy has been in force for at least 6 months but less than 2 years, We may rescind the Policy or deny an otherwise valid claim upon a showing of misrepresentation that is material to the acceptance of You for coverage; and pertinent to the conditions for which benefits are sought.

After the Policy has been in force for 2 years, it will not be contestable upon the grounds of misrepresentation alone; and may be contested only upon a showing that You knowingly and intentionally misrepresented relevant facts relating to Your health. If We pay any benefits under this Policy, the benefit payments will not be recovered by Us in the event the Policy is rescinded.

(b) Pre-Existing Conditions: Except as provided for misstatements in Your application, We will not reduce or deny any claim under this Policy because a sickness or physical or medical condition had existed before the Policy Date.

Other Provisions

Misstatement of Age: Your age may have been misstated in Your application. In that case, We will pay the benefits that the premiums You have paid would have purchased at Your true age. If, based on Your true age, the Policy would not have become effective, We will only be liable for the refund of all premiums paid for this Policy.

Conformity with State Statutes: If this Policy does not comply with the laws of the state in which You reside on the Effective Date, We will treat it as if it had been changed to comply with those laws.

Time Periods: All time periods begin and end at 12:01 a.m. Standard Time at Your residence.

Non-Participating; Dividends Not Payable: This Policy does not participate in Our profits or surplus earnings and no dividends will be paid at any time.

Conformity with Internal Revenue Code: It is intended that the Policy be a qualified long-term care insurance contract under Section 7702B(b) of the Internal Revenue Code of 1986. If on its effective date, it does not comply with the requirements of that section, it will be treated as if it had been changed to comply with those requirements.

Glossary Of Important Terms

This section gives the meaning of special words and phrases used in the Policy. In addition, the terms Benefit Limit, Daily Benefit and Deductible (Elimination) Period appear in the Schedule and are more fully described in the Benefit Provisions. To help You recognize these special words and phrases, the first letter of each word, or each word in the phrase, is capitalized wherever it appears.

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The following six (6) basic functions are the Activities of Daily Living:

- Bathing:** Your ability to wash Yourself in the tub, shower or by sponge bath.
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- Toileting:** Your ability to go to and from the toilet and maintain a reasonable level of personal hygiene. This includes getting on and off the toilet and caring for clothing.
- Transferring:** Your ability to move in and out of a chair, bed, or wheelchair.

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A facility that is engaged primarily in providing ongoing care and related services to at least 10 inpatients in one location and meets all of the following criteria:

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- Your short or long term memory;
- Your orientation as to person (such as who You and others are), place (such as Your location) and time (such as day, date and year); and
- Your deductive or abstract reasoning.

Coverage is provided for Alzheimer's Disease and similar forms of senility and irreversible dementia that result in Cognitive Impairment.

Doctor

Someone, other than a Nurse, who is legally qualified and licensed to practice medicine and is operating within the scope of that license. The term "Doctor" does NOT include: You or a member of Your immediate family; anyone who normally resides in Your home or residence; or anyone who has an ownership interest in, or is an employee of, any facility in which You stay.

Immediate Family

Your spouse and the following relatives of You and Your spouse: Parents; grandparents; brothers; sisters; children and grandchildren.

Licensed Health Care Practitioner

Any of the following who is not a member of the Immediate Family:

- a physician (as defined in section 1861(r)(1) of the Social Security Act);
- a registered professional nurse;
- a licensed social worker; or
- any other individual who meets such requirements as may be prescribed by the Secretary of the Treasury.

Nurse

Someone who is licensed as: a Registered Graduate Nurse (RN); or a Licensed Practical Nurse (LPN); or a Licensed Vocational Nurse (LVN). The term "Nurse" does NOT include: You; a member of Your immediate family; or anyone who normally resides in Your home or residence.

Nursing Home

A facility or distinctly separate part of a hospital or other institution which is operating pursuant to law and is licensed by the appropriate licensing agency to provide, in addition to room and board accommodations, skilled nursing care and related services to inpatients under the supervision of a duly licensed physician; and

- provides continuous 24 hour a day nursing service by or under the supervision of a registered graduate professional nurse (R.N.); and
- is approved for payment of Medicare benefits or is qualified to receive such approval, if so requested; and
- maintains a daily medical record of each patient.

NOTE: The above requirements are generally NOT met by: Alternate Long-Term Care Facilities; rehabilitation hospitals; rest homes; homes for the aged; sheltered living accommodations; residence homes; or independent living units.

Policy Date

Your Policy Date is shown in the Schedule. It is the date used to determine policy anniversaries, policy years, and premium due dates.

Qualified Long-Term Care Services

Qualified Long-Term Care Services are the necessary diagnostic, preventative, therapeutic, curing, treating, mitigating, and rehabilitative services and maintenance or personal care services which (a) are required by a chronically ill individual, and (b) are provided pursuant to a plan of care prescribed by a licensed health care practitioner.

We, Us, Our

IDS Life Insurance Company, A Stock Company.

You, Your

The Insured named in the Schedule.

Exclusions And Limitations

This section states the conditions under which payment will not be made even if You otherwise qualify for benefits.

What's Not Covered

The policy will not pay benefits for anything:

- Provided by a member of Your Immediate Family.**
- For which no charge is made in the absence of insurance.**
- Provided outside of the United States of America or its possessions.**
- Provided in a Veteran's Administration or federal government facility; unless You or Your estate are charged for the services or confinement.**
- That results from war or act of war, whether declared or not.**
- That results from an attempt at suicide or an intentionally self-inflicted injury.**

Confinement Benefits Provisions

This section describes the coverage available when You are confined in a Nursing Home or Alternate Long-Term Care Facility. It has some important definitions and then tells You how to qualify for benefits; how much will be paid; and how long benefits will be paid.

The Benefit Limit and How it Works

The Benefit Limit is the combined maximum number of days for which You will be paid under the Nursing Home and Alternate Facility Benefits. The Schedule shows the number of days in the Benefit Limit. This is a lifetime limit for all Your Nursing Home and Alternate Facility Benefits. If the Schedule shows that this maximum is "Unlimited", there is no lifetime limit on the number of days for which these Benefits may be paid.

The Deductible (Elimination) Period and How It Works

The Deductible (Elimination) Period is the number of consecutive days of Confinement needed to qualify for these Benefits. (We will consider Days of Confinement to be consecutive even when they are interrupted by days during which You are confined in a duly licensed hospital.) The Schedule shows the Deductible (Elimination) Period. You will not be paid benefits for the Deductible (Elimination) Period.

Only one Deductible (Elimination) Period applies to all Nursing Home and Alternate Long-Term Care Facility stays for a Covered Period of Confinement.

Day of Confinement

A Day of Confinement is each day You are confined as an inpatient in a Nursing Home or Alternate Long-Term Care Facility for which a full day's room and board or subsistence charge is made.

Covered Period of Confinement

A Covered Period of Confinement begins immediately after You have satisfied the Deductible (Elimination) Period. It continues as long as, for the same or related cause or causes, You;

- remain in the same Nursing Home or Alternate Long-Term Care Facility;**
- transfer to another Nursing Home or Alternate Long-Term Care Facility; or**
- leave and return to a Nursing Home or Alternate Long-Term Care Facility before the Covered Period of Confinement ends.**

A Covered Period of Confinement ends when 180 consecutive days elapse during which You are not eligible for payment under either; the Nursing Home Benefit; or the Alternate Facility Benefit. We will not count as part of that 180 consecutive days, any days You are confined in a duly licensed hospital.

Only one Deductible (Elimination) Period needs to be satisfied for each Covered Period of Confinement.

Nursing Home Benefit

We will pay a benefit for each Day of Confinement, after the Deductible (Elimination) Period, while You are confined in a Nursing Home during a Covered Period of Confinement. Benefit payments are subject to the provisions stated below.

LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR BENEFITS

Covered Nursing Home Stays

- A Day of Confinement during a Nursing Home stay is covered by the Policy when:
- You are confined as an overnight resident inpatient in a Nursing Home; and
 - A room and board or subsistence charge is made for the day; and
 - The stay occurs during a Covered Period of Confinement that starts while the Policy is in force; and
 - We are given proof in the form of a certification and written plan of care prepared and signed by a Licensed Health Care Practitioner, that the stay is appropriate because of Your:
 - (a) - Being unable to perform without substantial assistance from another individual, 3 or more Activities of Daily Living for a period of at least 90 days due to a loss of functional capacity; or
 - (b) - Requiring substantial supervision to protect You from threats to health and safety due to severe Cognitive Impairment; or
 - (c) - Having a level of disability similar (as determined under regulations prescribed by the Secretary of the Treasury in consultation with the Secretary of Health and Human Services) to the level of disability described in clause (a).

A written plan of care is a document prepared and signed by a Licensed Health Care Practitioner specifying the long-term care service, type of care, treatment or procedure that is consistent with an assessment of Your ability to perform the Activities of Daily Living or to perform basic cognitive functions appropriately.

In addition to the above, we must receive proof that, within the preceding 12 month period, a Licensed Health Care Practitioner has certified that You meet the requirements of (a), (b), or (c) above.

All Levels of Care Covered

Benefit payments will not change based on the level of care You receive during a Nursing Home stay.

How Much We Pay

We will pay the applicable Daily Benefit for each Day of Confinement after the Deductible (Elimination) Period. The Schedule shows the Daily Benefit for Nursing Home stays. It may be changed, over time, by a Benefit Increases Option, if applicable.

How Long Benefits Will Be Paid

This Benefit will be paid for each Day of Confinement in a Nursing Home, after the Deductible (Elimination) Period, for as long as:

- the above conditions are met; and
- the Benefit Limit has not been reached; and
- the Covered Period of Confinement continues.

Bed Reservation Feature

If You become hospitalized during a Nursing Home stay and You are charged to reserve Your accommodations in the Nursing Home, We will:

- pay the same benefits; and**
 - give the same Deductible (Elimination) Period credit;**
- that You would have received if You had stayed in the Nursing Home instead of a licensed hospital. We will do this for a total of 21 days of hospitalization (continuous or not) for a Covered Period of Confinement.**

Alternate Facility Benefit

We will pay a benefit for each Day of Confinement, after the Deductible (Elimination) Period, while You are confined in an Alternate Long-Term Care Facility during a Covered Period of Confinement. Benefit payments are subject to the provisions stated below.

LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR BENEFITS

Covered Alternate Long-Term Care Facility Stays

A Day of Confinement during an Alternate Long-Term Care Facility stay is covered by the Policy when:

- You are confined as an overnight resident inpatient in an Alternate Long-Term Care Facility; and**
- A room and board or subsistence charge is made for the day; and**
- The stay occurs during a Covered Period of Confinement that starts while the Policy is in force; and**
- We are given proof in the form of a certification and written plan of care prepared and signed by a Licensed Health Care Practitioner, that the stay is appropriate because of Your:**
 - (a) - Being unable to perform without substantial assistance from another individual, 3 or more Activities of Daily Living for a period of at least 90 days due to a loss of functional capacity; or**
 - (b) - Requiring substantial supervision to protect You from threats to health and safety due to severe Cognitive Impairment; or**
 - (c) - Having a level of disability similar (as determined under regulations prescribed by the Secretary of the Treasury in consultation with the Secretary of Health and Human Services) to the level of disability described in clause (a).**

A written plan of care is a document prepared and signed by a Licensed Health Care Practitioner specifying the long-term care service, type of care, treatment or procedure that is consistent with an assessment of Your ability to perform the Activities of Daily Living or to perform basic cognitive functions appropriately.

In addition to the above, we must receive proof that, within the preceding 12 month period, a Licensed Health Care Practitioner has certified that You meet the requirements of (a), (b), or (c) above.

All Levels of Care Covered

Benefit payments will not change based on the level of care You receive during an Alternate Long-Term Care Facility stay.

How Much We Pay

We will pay the applicable Daily Benefit for each Day of Confinement after the Deductible (Elimination) Period. The Schedule shows the Daily Benefit for Alternate Long-Term Care Facility stays. It may be changed, over time by a Benefit Increases Option, if applicable. No payment will be made for any day for which a Nursing Home Benefit is payable.

How Long Benefits Will Be Paid

This Benefit will be paid for each Day of Confinement in an Alternate Long-Term Care Facility, after the Deductible (Elimination) Period, for as long as:

- the above conditions are met; and**
- the Benefit Limit has not been reached; and**
- the Covered Period of Confinement continues.**

Bed Reservation Feature

If You become hospitalized during an Alternate Long-Term Care Facility stay and You are charged to reserve Your accommodations in the Alternate Long-Term Care Facility, We will:

- pay the same benefits; and**
 - give the same Deductible (Elimination) Period credit;**
- that You would have received if You had stayed in the Alternate Long-Term Care Facility instead of a licensed hospital. We will do this for a total of 21 days of hospitalization (continuous or not) for a Covered Period of Confinement.**

Waiver Of Premium

Benefit Conditions

We will waive premium payments on a month-to-month basis during extended Nursing Home and Alternate Long-Term Care Facility stays. The waiver begins after benefits have been paid under the Nursing Home and Alternate Long-Term Care Facility Benefits for 90 consecutive days. We will then:

- refund the pro rata premium paid for monthly periods beyond that for which the waiver begins; and**
- waive the payment of premium for each coverage month which begins while You continue to receive uninterrupted Nursing Home or Alternate Facility Benefits.**

This waiver of premium payment stops when You cease to receive Nursing Home or Alternate Facility Benefits. At the end of the period for which the last premium has been waived, You will be required to pay the pro rata premium needed to return the Policy to its previous premium payment mode. You must pay future premiums as they become due.

Claims Information

This section tells You when to notify Us of a claim; what to send Us; how We pay claims; and other rights and responsibilities under the contract.

Telling Us About a Claim

Early awareness by Our Claims Department will facilitate a timely review of Your claim. You can help Us in this process by letting Us know immediately when You first become disabled to the extent that You may soon need care covered by the Policy. Of course someone else who is authorized to act on Your behalf can also contact Us for You.

Notice of Claim: We must be told when You have a claim for benefits. The notice can be given to Us at Our Home Office or to Our representative. It must be received within 30 days of the date the covered loss starts, or as soon as reasonably possible. Include in the notice at least: Your name; Your Policy Number; and an address to which the claim form should be sent.

How to File a Claim

Claim Forms: When We get notice of Your claim We will send out a claim form to be used to file proof of loss.

The claim form has instructions on how to fill it out and where to send it. Please read the form carefully. Answer all questions and send all required information to the address on the form. This will assist Us in the evaluation of Your claim so that We can determine the benefits for which you are eligible.

If You or Your representative do not get the claim form within 15 days, proof of loss can be filed without it by sending Us a letter which describes the occurrence, the character and the extent of the loss for which claim is made. That letter must be sent to Us at Our Home Office within the time period stated in the next paragraph. As a minimum, the description should tell Us such things as: Your name and address; the care for which You are claiming benefits; the names and addresses of the medical professionals and care providers who are aware of Your condition or have provided care covered by the Policy; and the periods for which You are claiming benefits.

When to File a Claim

Proofs of Loss: We must get written proof of loss within 120 days after the end of each month for which benefits may be payable. If it was not reasonably possible to give Us written proof in the time required, We shall not reduce or deny a claim for being late if the proof is filed as soon as reasonably possible. Unless the claimant is not legally capable, the required proof must always be given to Us no later than 1 year from the time specified.

Our Evaluation Criteria and Claims Payment Process

How We Determine When Proof of Loss is Satisfactory: We will work with You, Your Doctor and other care givers to obtain information about: Your state of health; and the degree to which You need care for injury or sickness, assistance in performing Activities of Daily Living, or cognitive impairment. We will then make an objective review of that information to determine whether You qualify for benefits. We reserve the right, as part of the review, to do a face-to-face assessment or to require You to take a physical examination paid for by Us. Similar reviews may be required, at reasonable intervals, to determine Your eligibility for continued benefits. We may use an outside service to assist in evaluating Your condition.

Physical Examinations: As part of Our evaluation of Your claim, We have the right to require a medical exam when a claim is made and at reasonable intervals while You are claiming continued benefits. If an exam is required, You will not have to pay for it.

Time of Payment of Claim: After We receive the proper written proof of loss, We will pay any benefits then due: (1) monthly, when the loss is expected to result in on-going benefits; and (2) immediately, when Our liability has ended.

Payment of Claims: All benefits will be paid to You. Any benefits unpaid at Your death will be paid to Your estate. If benefits are payable to Your estate, We may pay benefits up to \$1,000 to someone related to You by blood or marriage who is deemed by Us to be justly entitled to the benefits. We will be discharged to the extent of any such payment made in good faith.

How to Appeal A Claim

You will be informed by Us in writing if a claim, or any part of a claim, is denied.

Appeal Process: If You believe that Our claim decision is in error, We will reconsider Your claim. You must send Us a brief note (no special form needed) that tells Us why You feel We should change Our decision. You may authorize someone else to act for You in this appeal process.

The note should include the names, addresses and phone numbers of any of the following providers who You think We should contact to learn more about Your health and the care You received: the Doctors and other health care professionals who treated You; and the facilities from which You received care or treatment.

We will act promptly on Your request. Once We complete Our review, We will immediately tell You Our decision in writing with Our reasons stated clearly. We will pay any benefits then due as a result of Our reconsideration.

Legal Actions: You cannot sue on Your claim before 60 days after written proof of loss has been given as required by this Policy. You cannot sue after 3 years from the time written proof of loss is required to be given.

Effective Date And Premium Payment Provisions

This section tells You such things as: when the Policy becomes effective; how and when to pay premiums; the importance of paying premiums on time; and what happens if premiums are not paid on time.

The Policy Taking Effect

Effective Date and Consideration: This Policy is issued based on: the statements made in Your application; and, payment of the First Premium shown in the Schedule. It takes effect on the Effective Date shown in the Schedule; provided the First Premium is paid.

Your Right to Cancel the Policy at Any Time

You may cancel Your Policy at any time by sending Us written notice. Your Policy will be canceled as of the date We receive the notice, or the later date stated in Your notice. We will promptly return the unearned portion of any premium paid. The cancellation will not prejudice any claim for any uninterrupted institutional confinement that begins before the effective date of the cancellation.

Refund of Premium Paid Beyond Your Death

If You die while insured under this Policy, We will refund the pro rata portion of any premium paid for a period after Your death. The refund will be made within 30 days of Our receipt of written proof of Your death and will be payable to Your estate.

Paying Premiums

The Premium Mode shown in the Schedule states how often premiums are to be paid. Your first premium is due as of the Policy Date as shown in the Schedule. Each premium after the first is due at the end of the period for which the prior premium was paid.

What Happens When Premiums are Not Paid

Grace Period: This Policy has a 31 day grace period. If a premium is not paid on or before the date it is due, it may be paid during the following 31 days. The Policy will stay in force during the grace period. If the premium is not paid during the grace period, the Policy will terminate at the end of the grace period. This is called a lapse. Lapse will not affect any continuing claim that begins before the Policy terminates.

Extension of Benefits: Termination of this Policy will not affect any claim for uninterrupted institutional confinement that begins while the Policy is in force and continues beyond the date of termination. This extension of benefits, beyond the period the Policy was in force, is limited to the unexpired duration of the Benefit Limit; and will be subject to the Deductible (Elimination) Period and all other applicable provisions of the Policy. For the purposes of this provision, an uninterrupted institutional confinement will include: being transferred to another Nursing Home or Alternate Long-Term Care Facility; receiving another level of care in the same facility; and transferring back to a Nursing Home or Alternate Long-Term Care Facility from a temporary or acute hospitalization.

Reinstatement: Once this Policy lapses, We may or may not put it back in force (reinstate) at Our option. An acceptance of late premium by Us (or by Our representative, if authorized to accept payment) without requiring an application for reinstatement will reinstate this Policy.

If We or Our representative require an application, You will be given a conditional receipt for the premium. If the application is approved, this Policy will be reinstated as of the approval date. If We do not give You prior written notice of Our disapproval, the Policy will be reinstated on the 45th day after the date of the conditional receipt.

The reinstated Policy will cover only losses that begin after the date of reinstatement. In all other respects Your rights and Our rights will remain the same; subject to any provisions noted on or attached to the reinstated Policy.

Any premiums We accept for a reinstatement will be applied to a period for which premiums have not been paid. No premiums will be applied to any period more than 60 days before the reinstatement date.

Unpaid Premiums: When a claim is paid, any premium due and unpaid will be deducted from the claim payment.

Continuation for Alzheimer's Disease and Other Forms of Cognitive or Functional Impairment:

If Your policy lapses because premiums have not been paid by the end of the grace period and before Your benefits have been exhausted, We will provide a continuation of coverage. To be eligible for this continuation You must provide us with proof that beginning on or before the date of lapse and continuing without interruption, You:

- (a) Are unable to perform, without substantial assistance from another individual, 3 or more Activities of Daily Living for a period of at least 90 days due to a loss of functional capacity; or
- (b) Require substantial supervision to protect You from threats to health and safety due to severe Cognitive Impairment; or
- (c) Have a level of disability similar (as determined under regulations prescribed by the Secretary of the Treasury in consultation with the Secretary of Health and Human Services) to the level of disability described in clause (a).

The proof, in the form of a certification by a Licensed Health Care Practitioner, must specify that the above requirements have been met and must be provided to Us:

- within 5 months of the lapse date, when You are eligible for continuation because You have been functionally impaired; and
- within 9 months of the lapse date, when You are eligible for continuation because You have been cognitively impaired.

You must pay all past-due premiums for the Policy and all Riders that were in force immediately prior to the date of lapse.

This continuation will then provide uninterrupted coverage to the same extent that the Policy and all Riders in force immediately prior to the termination date would have provided if they had not terminated. If You become eligible for benefits during the continuation period, they will be payable; subject to any applicable deductible (elimination) periods, maximum payment periods and all other provisions of the Policy and its Riders.

PLEASE KEEP THIS POLICY IN A SAFE PLACE WITH YOUR OTHER IMPORTANT DOCUMENTS.

Long-Term Care Insurance Nursing Home Indemnity Policy

- THIS POLICY IS GUARANTEED RENEWABLE FOR LIFE.
- WE HAVE A LIMITED RIGHT TO CHANGE PREMIUMS.
- THIS POLICY IS NON-PARTICIPATING (Does not pay dividends)

**IDS Life Insurance Company
IDS Tower 10
Minneapolis, Minnesota 55440**

Life Insurance Company
Tower 10
Minneapolis, MN 55440

Benefit Increases Option Rider

This rider provides for lifetime increases in Daily Benefits.

Based on the application for this Rider and the payment of the premium, this Rider is made a part of this Policy. This rider is subject to all policy terms and provisions unless this Rider changes them.

Simple Increases Option

Your Daily Benefit amounts for Nursing Home and Alternate Long-Term Care Facility stays will increase on each anniversary of the Policy Date. Each increase will be equal to 5% of Your original amounts. Annual increases will continue as long as the Policy and this Rider remain in force. Increased amounts will apply to each day benefits are payable under the Policy on or after the date of the increase; even if You are then receiving benefits.

This rider is issued as of the Effective Date of the Policy unless a different date is shown under the Schedule.

IDS Life Insurance Company



Secretary

Jeff. 2/8/95

Life Insurance Company
Tower 10
Minneapolis, MN 55440

Benefit Increases Option Rider

This rider provides for lifetime increases in Daily Benefits.

Based on the application for this Rider and the payment of the premium, this Rider is made a part of this Policy. This rider is subject to all policy terms and provisions unless this Rider changes them.

Compound Increases Option

Your Daily Benefit amounts for Nursing Home and Alternate Long-Term Care Facility stays will increase on each anniversary of the Policy Date. Each increase will be equal to 5% of Your previous amounts. Annual increases will continue as long as the Policy and this Rider remain in force. Increased amounts will apply to each day benefits are payable under the Policy on or after the date of the increase; even if You are then receiving benefits.

This rider is issued as of the Effective Date of the Policy unless a different date is shown under the Schedule.

IDS Life Insurance Company



Secretary